



# Nā Lei Hulu I Ka Wēkiu

153 Bradford Street  
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## Hālau Hula Keiki (Children) Registration Form

Year \_\_\_\_

*Instructor: Kumu Hula Shawna Alapa'i*

KEIKI FIRST NAME:

KEIKI LAST NAME:

PARENT NAME(S)

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE (      )

CELL PHONE (      )

E-MAIL ADDRESS

BIRTHDAY - MONTH / DAY / YEAR

AGE

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME

RELATIONSHIP

PHONE

PRIOR HULA EXPERIENCE? FROM:

TO:

KUMU HULA (TEACHER):

Nā Lei Hulu I Ka Wēkiu Hālau Hula (herein known as **the Hālau**) will not be responsible for any injury and/or accidents caused while your child is on the premises of the Hālau or at any function, workshop, or event at which the Hālau participates. I understand that the hālau may use photos and images of my child for promotional purposes (including, but not limited to website, brochures, flyers). I hereby authorize the use of such images. I hereby hold harmless and release the Hālau, the Daniel Webster Elementary School, Downtown High School, the City of San Francisco, the State of California, and their employees, members, officers or anyone else connected with the Hālau from liability for any and all known and unknown damages, injuries, losses, claims, and/or judgments from any causes whatsoever that may occur as a result of participating in the Halau.

*Optional:* Is keiki (child) of Native Hawaiian descent? Yes \_\_\_\_ No \_\_\_\_

(Please Circle)

The Hālau has my permission to share my email address with other hālau members. YES NO

I have read and agree to all the terms and conditions as stated on this registration form.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE