



Mailing Addr: 153 Bradford Street
San Francisco CA 94110-5703

Hālau Hula Enrollment Form

Year 2019

Kumu Hula Patrick Makuakāne

<mailto:auntybobbie@naleihulu.org>

FIRST NAME:

LAST NAME:

STREET ADDRESS

CITY

STATE

ZIP CODE

CELL PHONE ()

HOME PHONE ()

NOTE: Email & Phone # needed to contact in event of NO CLASS.

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 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 me 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 Downtown High School, any school in the SFUSD, the San Francisco Unified School District, the City & County 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.

I understand my email address may be shared for the purpose of communication related to this class.

I agree to pay every month the tuition fee of \$50 on the first class of each month plus the \$10 late fee if payment is made after the 12th of the month. I will pay a one-time \$20 processing fee at time of enrollment.

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

SIGNATURE

DATE