



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

Email: auntybobbie@naleihulu.org

Hālau Hula Keiki (Children) Enrollment Form

Year _____

Instructor: Kumu Hula Makani da Silva & Kumu Hula Julie Mau

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, 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.

Optional: Is keiki (child) of Native Hawaiian descent? Yes _____ No _____

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

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

PARENT / LEGAL GUARDIAN SIGNATURE

DATE