

Ahaolelo Registration Form

July 19 – 21, 2011

Application Deadline: Thursday, June 30th, 2011

Name (Last, First) _____

Sex: Male Female Birth Date: _____ Age as of June 1st, 2011: _____

Home Island and Club Name: _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Cell Phone _____

Home Phone _____ T-shirt Size Small Medium Large XL 2XL

Parent/Guardian Name(s) _____

Home Telephone Number _____

Emergency contact information: Name _____

Phone Numbers: Day Time _____ Night Time _____

Health Insurance Company and Policy Number _____

Prescription Medication(s) you use regularly _____

Special assistance needs? yes no Food allergies and/or special diet? yes no

If yes, please list: _____

Photography/Video/Media Release

For the purpose of providing information, photographs and/or videos for publications and other marketing developed by Hawaii 4-H and the University of Hawaii its agents, volunteers, contractors, presenters, designated representatives, partners, and funders to promote programs and activities associated with Ahaolelo I authorize Hawaii 4-H to release information about my participation in Ahaolelo to use, publish, and republish public information, photograph, film, audio/video tape, record and/or televise my image and/or voice for use in publications or promotional materials related to Ahaolelo or the 4-H youth development program without any restrictions. I understand that information may be provided verbally or by computer data transfer, mail, fax, or hand delivery. I understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released. A copy of this form is valid to give my permission to release records.

If you **DO NOT** want photographs, videotaped or other media images to be used, please initial this line. _____

Ahaolelo Adult Advisor Registration Form
July 19 – 21, 2011

Application Deadline: Wednesday, June 22nd, 2011

Name (Last, First) _____

Sex: Male Female Birth Date: _____

Home Island and Club Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Cell Phone _____

Home Phone _____ T-shirt Size Small Medium Large XL 2XL

Home Telephone Number _____

Emergency contact information: Name _____

Phone Numbers: Day Time _____ Night Time _____

Health Insurance Company and Policy Number _____

Prescription Medication(s) you use regularly _____

Special assistance needs? yes no Food allergies and/or special diet? yes no

If yes, please list: _____

Photography/Video/Media Release

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