

HĀLAU HULA AULANI



Registration

Name of Haumāna (student): _____

Class Name, Day & Time: _____
(Check box if also in Ori Tahiti Skills and Drills class)

Birthdate of Haumāna: _____ Age at time of registration: _____

Name of Parent/Guardian/Responsible Party: _____

Mailing Address: _____

Email Address: _____

Preferred Contact Cell Phone: _____

How did you hear about us? _____

Are you new to Hālau Hula Aulani? Yes No

Do you have any medical problems we should be aware of? Yes No

Do you have any allergies? Yes No

If yes to medical/allergies, please explain: _____

Emergency Contact name, relation: _____ Phone: _____

I hereby release HĀLAU HULA AULANI LLC, employees/independent contractors from all liability for personal injury, illness or property damage occurring on or off the studio's premises. I have read HĀLAU HULA AULANI LLC's General Information and Halau Policies as outlined. I authorize HĀLAU HULA AULANI LLC to seek medical treatment at the nearest medical facility and they may call paramedics and discharge me or my minor (Student) to an ambulance if I am not able to authorize it in the case of a medical emergency. I certify that Student is in good health and capable of participating in physical activity. I hereby give permission to HĀLAU HULA AULANI LLC to take and use photographs for promotional uses. I understand that payment is not refundable.

Signature: _____ Date: _____

(Your Signature or Signature of Parent/Guardian, if minor)