



98-456 Kaahale Street Aiea, Hawaii 96701
 (808) 487-3806 phone / (808) 487-3000 fax
www.newtownestates.org

Date Received: _____ Member(s) Verified: _____ Employee: _____
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Youth - Program Registration Form

Child's Name (1): _____ Age: _____ DOB: _____ Male / Female
 Child's Name (2): _____ Age: _____ DOB: _____ Male / Female
 Child's Name (3): _____ Age: _____ DOB: _____ Male / Female
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Email Address: _____
 School (1): _____ Grade: _____
 School (2): _____ Grade: _____
 School (3): _____ Grade: _____
 Father/Legal Guardian Name: _____ Phone: _____
 Mother/Legal Guardian Name: _____ Phone: _____

<u>Registered Activity</u>	<u>Child Fees</u>	<u>Size</u>	<u>Sub Total</u>
___ Youth Volleyball	(1) ___ \$40 or ___ \$65 with Jersey	_____	_____
___ Youth Basketball	(2) ___ \$40 or ___ \$65 with Jersey	_____	_____
___ PAL Volleyball	(3) ___ \$40 or ___ \$65 with Jersey	_____	_____
___ PAL Basketball			

IN CASE OF AN EMERGENCY, AND PARENTS/LEGAL GUARDIANS ARE UNAVAILABLE, NECA HAS PERMISSION TO NOTIFY AND/OR RELEASE THE ABOVE NAMED CHILD TO ANY ONE OF THE FOLLOWING:

Name: _____ Relationship: _____
 Address: _____ Phone: _____
 Name: _____ Relationship: _____
 Address: _____ Phone: _____

Medical Information

Family Physician: _____ Phone: _____
 Physician's Address: _____
 Medical Insurance: _____ Subscriber #: _____

PLEASE NOTE: The services/activities provided by the NECA Sports Program are intended for those individuals for whom it does not pose a threat to safety of themselves or others. The staff of the NECA has my consent to take appropriate action for the safety and welfare of my child.

I/We hereby authorize NECA or any of its employees to refer said applicant, if injured or ill, to my family physician when parents or legal guardians cannot be reached. If no family physician is designated, NECA or any of its employees is authorized to select any physician when deemed necessary.

I/We, the undersigned, hereby waive all responsibility from the Newtown Estates Community Association, and any employee or volunteer acting with the permission of the Association from all liabilities arising from property damage and bodily injury which may be sustained by participating in the above activity.

 Mother/Legal Guardian Signature Date Father/Legal Guardian Signature
 Date

Total Fee:	Receipt Number:	Date:	Employee:
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