



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

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|--|
| Date Received: _____ Member(s) Verified: _____ Employee: _____ |
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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</u> | <u>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

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|------------|-----------------|-------|-----------|
| Total Fee: | Receipt Number: | Date: | Employee: |
|------------|-----------------|-------|-----------|