

AT RISK: YES NO

**HAWAI'I POLICE DEPARTMENT
HAWAI'I ISLE POLICE ACTIVITIES LEAGUE
PERMISSION/RELEASE FORM**

PLEASE PRINT AND COMPLETE ALL INFORMATION

TEAM NAME	AGE DIVISION
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PERSONAL INFORMATION

NAME OF PARTICIPANT (Last, First, Middle Initial)	AGE	YEAR OF BIRTH:	RES. PHONE
MAILING ADDRESS	CITY	STATE	ZIP CODE
SCHOOL			GRADE
FATHER'S NAME	RES. PHONE	BUS. PHONE	CELL
MAILING ADDRESS	CITY	STATE	ZIP CODE
MOTHER'S NAME	RES. PHONE	BUS. PHONE	CELL
MAILING ADDRESS	CITY	STATE	ZIP CODE
LEGAL GUARDIAN'S NAME	RES. PHONE	BUS. PHONE	CELL
MAILING ADDRESS	CITY	STATE	ZIP CODE
ARE YOU CURRENTLY RECEIVING GOVERNMENT SUBSIDY? (EXAMPLE: DSS, SOCIAL SECURITY, SSI) <input type="checkbox"/> YES <input type="checkbox"/> NO			

GEOGRAPHICAL LOCATION

<input type="checkbox"/> N. HILO	<input type="checkbox"/> S. KOHALA	<input type="checkbox"/> KA'U	<input type="checkbox"/> S. KONA	<input type="checkbox"/> PAPAIKOU	<input type="checkbox"/> HONOMU	<input type="checkbox"/> KEAUKAHA
<input type="checkbox"/> HAMAKUA	<input type="checkbox"/> N. KOHALA	<input type="checkbox"/> PUNA	<input type="checkbox"/> WAINAKU	<input type="checkbox"/> PEPE'EKEO	<input type="checkbox"/> HAKALAU	<input type="checkbox"/> PANA'EWA

MEDICAL INFORMATION

PHYSICAL DISABILITY, IF ANY:

I give my consent for your Agency to refer my child, if injured or ill, to my family physician when I cannot be reached. Where there is no family physician available, the discretion for the selection of a doctor will be left to the agency.

IN CASE OF EMERGENCY, CONTACT	RES. PHONE	BUS. PHONE	CELL PHONE
PHYSICIAN'S NAME	OFFICE PHONE NUMBER		
MEDICAL INSURANCE COVERAGE	POLICY NUMBER	EXPIRATION DATE	

RELEASE AND INDEMNITY

PARENT OR LEGAL GUARDIAN: _____, ON BEHALF _____, A MINOR (HEREINAFTER "MINOR"), FOR AND IN CONSIDERATION OF SAID MINOR BEING PERMITTED TO PARTICIPATE IN THE HI-PAL-SPONSORED ACTIVITIES, HEREBY EXPRESSLY AGREES:
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A	That there is substantial value and benefit to be derived by Minor in participating in this activity sponsored by the COUNTY.	TYPE OF ACTIVITY	FROM (DATE)	TO (DATE)
B	That they shall forever release and waive all rights to bring suit or claims against and will indemnify and hold harmless, the County of Hawai'i, it's officers, agents and employees, HI-PAL Program, the Hawai'i Police Department, or any representative, sponsor, manager, coach, trainer, or person who is in any manner connected with the operation of the HI-PAL Program, an account of any and all claims, demands, loss of services, or expense for property damage, and/or personal injuries, that may arise as a result of said Minor's participation in or transportation to and from the subject HI-PAL activity.			
C	That COUNTY is not to be held liable for death or injuries resulting during period when MINOR is transported to ACTIVITY by persons other than employees of the COUNTY.			
D	To give consent to allow MINOR to actively participate in ACTIVITY.			
E	That PARENT/LEGAL GUARDIAN recognizes and understands that participation in ACTIVITY involves risk of death, personal injury, and/or property damage, commonly inherent in such activity.			
F	That MINOR, through PARENT/LEGAL GUARDIAN, voluntarily chooses to participate in ACTIVITY, to which action PARENT/LEGAL GUARDIAN, gives approval and consent.			

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G	That said MINOR is in reasonable good physical and mental health, such that the MINOR can safely participate in ACTIVITY.
H	To notify a representative from the HI-PAL Program if there is any change in MINOR's physical and/or mental condition such that MINOR cannot safely participate in ACTIVITY.

TO BE DATED AND SIGNED BEFORE A NOTARY PUBLIC:

Dated: _____, 20____, at _____, Hawai'i.

Person Signing:

Please check one: FATHER or MOTHER or LEGAL GUARDIAN:

PRINT: _____

SIGN : _____

STATE OF HAWAI'I)
) SS:
 COUNTY OF HAWAI'I)

On this _____ day of _____, 20____, before me personally appeared

_____,
 to me known to be the person(s) described in and who executed the foregoing instrument, and who acknowledged that the person(s) executed the same the person(s) free act and deed.

 Notary Public, Print: _____

State of Hawai'i, _____ Judicial Circuit

My Commission Expires: _____

(NOTARY TO ATTACH NOTARY CERTIFICATION)

FOR OFFICIAL USE ONLY

DATE REGISTRATION RECEIVED: