

# KAMA'AINA KIDS HEALTH HISTORY FORM 1

1. Child's Name (last, first, m.i.) \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Birthdate \_\_\_\_\_ School Attending \_\_\_\_\_ T-Shirt Size 

Surf Shirt Size:	S	M	L	XL (Youth)
	S	M	L	XL (Adult)

2. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD)  
 Father \_\_\_\_\_ LIC# \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
 Mother \_\_\_\_\_ LIC# \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

3. Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Medical Conditions/Allergies \_\_\_\_\_

6. Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

8. Authorized Pick-Up & Emergency People (Other than parents / legal guardians):  
 a. Name \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_  
 b. Name \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

**Office Use Only**

1) Day Camp \_\_\_\_\_ 1/23/4/5/6/7/8/9  
 2) Bishop Museum \_\_\_\_\_ 1/ 3/4/ 6/7/8/9  
 3) Sea Life Park \_\_\_\_\_ 1/ 3/ 6/7/8  
 4) Jr. Lifeguard \_\_\_\_\_ 1  
 5) Lunch \_\_\_\_\_ 1/2/3/4/5/6/7/8/9

Day Camp:  
 Ben Parker  
 Hahaione  
 Kaloopuu  
 Kaneohe  
 Keoneua

Liholilo  
 MTP  
 Salt Lake  
 Voyager  
 Waimalu

**Immunization History:** Provide the month and year for each immunization. Starred (\*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella* (MMR)						
Polio (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella <input type="checkbox"/> Head chicken pox (chicken pox) Date: _____						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) Test Date: \_\_\_\_\_  Negative  Positive

**If your camper has not been fully immunized, please sign the following statement:** I understand and accept the risks to my child from not being fully immunized.  
 Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

----- SPONSOR -----

I hereby agree that, if Kama'aina Kids staff is unable to contact me or one of the persons listed as emergency contact, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the Kama'aina Kids supervisor on duty, my child may be taken to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility and, if permissible by medical facility, subsequently released to Kama'aina Kids Supervisor or staff-in-charge. I hereby give my child permission to attend and participate in the activities conducted by Kama'aina Kids' program. These activities include aquatics, off-property excursions, van transportation, and enrichment activities. I hereby authorize Kama'aina Kids to use my child's name and video or photograph at any time and in any manner in connection with its advertising, publicity, and public relations programs. The video-photo may only be used by Kama'aina Kids. No further claims will be made by me.

----- DISCIPLINE -----

Discipline is used to assure the safety and well being of all program participants. All children are expected to respect themselves, other people and their property. If a child is not following the guidelines of Kama'aina Kids staff consistent with these expectations, then the child will take a time out from the activity at the staff member's discretion. A child with consistent behavior problems will be sent to Kama'aina Kids' Program Site Coordinator who may contact the parents for the purpose of removing the child from the program. Kama'aina Kids reserves the right to refuse any child's future participation in its programs.

I hereby authorize Kama'aina Kids and its employees to exercise the above stated policies in regard to my child.

Signature of Custodial Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* If you refuse permission to treat medical emergencies, as indicated in SPONSOR section of disclaimer, please contact (808) 262-4538 to obtain a waiver. \*\***

# KAMA'AINA KIDS HEALTH HISTORY FORM 2

**General Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Does the camper have or has the camper ever had any of the following::

- |  |   |
|--|---|
| 1. Been hospitalized..... <input type="checkbox"/> Yes <input type="checkbox"/> No                           | 11. Fainting or dizziness..... <input type="checkbox"/> Yes <input type="checkbox"/> No                             |
| 2. Surgery..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | 12. Passed out/chest pain during exercise..... <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| 3. Recurrent/chronic illnesses..... <input type="checkbox"/> Yes <input type="checkbox"/> No                 | 13. Mononucleosis during past 12 months..... <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 4. Recent infectious disease..... <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 14. If female, problems with periods/menstruations..... <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| 5. Recent injury..... <input type="checkbox"/> Yes <input type="checkbox"/> No                               | 15. Problems with falling asleep/sleepwalking..... <input type="checkbox"/> Yes <input type="checkbox"/> No         |
| 6. Asthma/wheezing/shortness of breath..... <input type="checkbox"/> Yes <input type="checkbox"/> No         | 16. Back/joint problems..... <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| 7. Diabetes..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | 17. Problems with diarrhea/constipation..... <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 8. Seizures..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | 18. Any skin problems..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| 9. Headaches..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                   | 19. Traveled outside the country in the past 9 months..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts or protective eyewear... <input type="checkbox"/> Yes <input type="checkbox"/> No |   |

**Please explain "Yes" answers in the space below,** noting the number of the question. For travel outside the country, please name countries visited and dates of travel.

**Allergies:**  No known allergies  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other  
**(Please describe below what the camper is allergic to and the reaction seen)**

**Please describe any activities your child should be exempted for health reasons:** \_\_\_\_\_

**Health Care Providers & Emergency Contacts**

Name of camper's primary doctor(s): _____	Phone: (____) _____
Primary Health Care Facility: _____	Phone: (____) _____
Primary Emergency Contact (other than parents): _____	Phone: (____) _____

**What Have We Forgotten To Ask? Please provide in the space below** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. It may include description or information of any current physical, mental, emotional, social health, developmental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp. Attach additional information, if necessary.



# KAMA'AINA KIDS SPECIALTY CAMPS 2019

## Program Description, Dates & Payment

<p><b>1) CAMP BISHOP MUSEUM</b>  <b>Grades K-6 completed • June 3 - August 2 (Closed Weeks 2 &amp; 5)</b>  <input type="checkbox"/> 6am - 6pm, \$230/week .....Week# .....  <input type="checkbox"/> <b>Lunch</b>, \$30/week.....Week# .....</p> <p style="color: red;"><i>*Pick up and Drop-off at Bishop Museum, Hall of Discovery</i></p>	<table border="1" style="font-size: small;"> <tr><th colspan="9">**Check off the weeks needed**</th></tr> <tr><th>6/3</th><th>6/10</th><th>6/17</th><th>6/24</th><th>7/1</th><th>7/8</th><th>7/15</th><th>7/22</th><th>7/29</th></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	**Check off the weeks needed**									6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	<p>..... x \$230 = _____                  ..... x \$30 = _____</p>
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1	2	3	4	5	6	7	8	9																														
1	2	3	4	5	6	7	8	9																														
<p><b>2) CAMP SEA LIFE PARK</b>, Limited to 40 Campers per week!  <b>Grades K-6 completed</b>  <i>**Registration available only through <a href="http://www.kamaainakids.com">www.kamaainakids.com</a>**</i></p>																																						
<p><b>3) Jr. Lifeguard at WET 'N' WILD</b>, Limited to 28 campers for the week  <b>Grades 4-8 completed • June 3- June 7 (Week 1 Only)</b>  <input type="checkbox"/> 6am - 5:30pm, \$210/week ..... x \$210= _____  <input type="checkbox"/> <b>Lunch</b>, \$30/week..... x \$30 = _____</p> <p style="color: red;"><i>*Pick up and Drop-off at Wet 'N' Wild Water Park Main Entrance</i></p>																																						
<p><b>4) Play-Well TEKologies - STEM Design Using LEGO</b>, Limited to 48 Campers!  <b>Grades K-6 completed</b>  <i>**Registration available only through <a href="http://www.kamaainakids.com">www.kamaainakids.com</a>**</i></p>																																						
<p><b>5) Keiki-Phit</b>  <b>Grades K-6 completed</b>  <i>**Registration available only through <a href="http://www.kamaainakids.com">www.kamaainakids.com</a>**</i></p>																																						

# VOYAGER DAY CAMP 2019 • JUNE 3 - JULY 26

Grades K-6 completed  
No Program 6/11 & 7/4

## Program Description, Dates & Payment

<p><b>6) SUMMER PACKAGE</b></p> <p><input type="checkbox"/> 6am - 6pm, \$1265/session .....Week# ..... x \$1265 = _____  <input type="checkbox"/> 6am - 2:30pm, \$1075/session .....Week# ..... x \$1075 = _____  <input type="checkbox"/> <b>Lunch</b>, \$24/week (weeks 2 &amp; 5).....Week# ..... x \$24 = _____  <input type="checkbox"/> <b>Lunch</b>, \$30/week (weeks 1, 3, 4, 6, 7 &amp; 8.....Week# ..... x \$30 = _____</p>	<table border="1" style="font-size: small;"> <tr><th colspan="9">**Check off the weeks needed**</th></tr> <tr><th>6/3</th><th>6/10</th><th>6/17</th><th>6/24</th><th>7/1</th><th>7/8</th><th>7/15</th><th>7/22</th><th></th></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	**Check off the weeks needed**									6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22																																																								<p>..... x \$1265 = _____                  ..... x \$1075 = _____                  ..... x \$24 = _____                  ..... x \$30 = _____</p>									
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6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22																																																																												
<p><b>7) CAMP BY THE WEEK</b></p> <p><input type="checkbox"/> 6am - 6pm, \$140/week .....Week# ..... x \$140 = _____  <input type="checkbox"/> 6am - 6pm, \$175/week .....Week# ..... x \$175 = _____  <input type="checkbox"/> 6am - 2:30pm, \$120/week .....Week# ..... x \$120 = _____  <input type="checkbox"/> 6am - 2:30pm, \$150/week .....Week# ..... x \$150 = _____  <input type="checkbox"/> <b>Lunch</b>, \$24/week.....Week# ..... x \$24 = _____  <input type="checkbox"/> <b>Lunch</b>, \$30/week.....Week# ..... x \$30 = _____</p>	<table border="1" style="font-size: small;"> <tr><th colspan="9">**Check off the weeks needed**</th></tr> <tr><th>6/3</th><th>6/10</th><th>6/17</th><th>6/24</th><th>7/1</th><th>7/8</th><th>7/15</th><th>7/22</th><th></th></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	**Check off the weeks needed**									6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22																																																																	<p>..... x \$140 = _____                  ..... x \$175 = _____                  ..... x \$120 = _____                  ..... x \$150 = _____                  ..... x \$24 = _____                  ..... x \$30 = _____</p>
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6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22																																																																												

There is a NON-REFUNDABLE deposit of \$50 PER CHILD, PER PROGRAM, due upon registration that goes toward the total cost of program • Kama'aina Kids will issue a full refund less a \$50 service fee for complete withdrawals before the start of the program. Once the program has begun, there will be a \$50 service fee, plus a \$35/day fee for day camps, a \$45/day fee for Bishop Museum, Wet n Wild and a \$50/day fee for remaining Specialty Camps, multiplied by the number of program days that have passed before the notice of withdrawal was received • Any changes in the dates of your registration or the location of your program will result in a \$10 service fee charged to your account. Please call 262-4538 to make changes.

**Add totals from above**  
**SUBTOTAL #1** \_\_\_\_\_

# KAMA'AINA KIDS DAY CAMPS 2019

## Program Description, Dates & Payment

### 8) CAMP KAMA'AINA KIDS SUMMER PACKAGE

Grades K-6 completed • June 3 - August 2 (No Program 6/11 & 7/4)

- 6am - 6pm, \$1420/session ..... Week# .....
- 6am - 2:30pm, \$1220/session ..... Week# .....
- Lunch, \$24/week (weeks 2 & 5) ..... Week# .....
- Lunch, \$30/week (weeks 1, 3, 4, 6, 7, 8 & 9) ..... Week# .....

**Check off the weeks needed**									
6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	
<b>SUMMER PACKAGE</b>									
<b>SUMMER PACKAGE</b>									
1	2	3	4	5	6	7	8	9	
1	2	3	4	5	6	7	8	9	

x \$1420 = \_\_\_\_\_  
 x \$1220 = \_\_\_\_\_  
 x \$24 = \_\_\_\_\_  
 x \$30 = \_\_\_\_\_

**Pick-Up/Drop-Off At:**

- Ben Parker  Enchanted Lake  Hahaione  Kaleiopuu  Kaneohe  Keoneula
- Liholiho  Mililani Tech Park  Salt Lake  Waimalu  \_\_\_\_\_

### 9) UPGRADES\*, only available with purchase of summer package (Box #6 & #8)

Grades K-6 completed • June 3 - August 2

- to Bishop Museum, \$140/week ..... Week# .....
- to Sea Life Park, \$140/week ..... Week# .....
- to Play-Well TEKologies, \$140/week ..... Week# .....
- Lunch, \$30/week ..... Week# .....

**Check off the weeks needed**									
6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	
1	2	3	4	5	6	7	8	9	
<b>REGISTER ONLINE</b>									
<b>REGISTER ONLINE</b>									
1	2	3	4	5	6	7	8	9	

x \$140 = \_\_\_\_\_  
 x \$30 = \_\_\_\_\_

**Pick-Up/Drop-Off At:**

*\*Family is responsible for drop-off and pick-up at the various specialty camp locations.*

**\*\* Only available with the purchase of any Full Summer Package. Upgrade to each Specialty Camp is also restricted to the weeks the respective Specialty Camps are open**

### 10) CAMP KAMA'AINA KIDS BY THE WEEK

Grades K-6 completed • June 3 - August 2 (No Program 6/11 & 7/4)

- 6am - 6pm, \$140/week ..... Week# .....
- 6am - 6pm, \$175/week ..... Week# .....
- 6am - 2:30pm, \$120/week ..... Week# .....
- 6am - 2:30pm, \$150/week ..... Week# .....
- Lunch, \$24/week ..... Week# .....
- Lunch, \$30/week ..... Week# .....

**Check off the weeks needed**									
6/3	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	
1	2	3	4	5	6	7	8	9	
1	2	3	4	5	6	7	8	9	
1	2	3	4	5	6	7	8	9	
1	2	3	4	5	6	7	8	9	
1	2	3	4	5	6	7	8	9	
1	2	3	4	5	6	7	8	9	

x \$140 = \_\_\_\_\_  
 x \$175 = \_\_\_\_\_  
 x \$120 = \_\_\_\_\_  
 x \$150 = \_\_\_\_\_  
 x \$24 = \_\_\_\_\_  
 x \$30 = \_\_\_\_\_

**Pick-Up/Drop-Off At:**

- Ben Parker  Enchanted Lake  Hahaione  Kaleiopuu  Kaneohe  Keoneula
- Liholiho  Mililani Tech Park  Salt Lake  Waimalu  \_\_\_\_\_

**\$30 Withdrawal Fee • \$25 Late Fee • \$10 Program Changes • \$30 Return Check Fee**

**SUBTOTAL #2** \_\_\_\_\_

Child's Name (last, first, m.i.) \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ School \_\_\_\_\_

**SUBTOTAL #2** (total from above) \_\_\_\_\_

**+ SUBTOTAL #1** (previous page) \_\_\_\_\_

**LATE FEE** (if after May 17th, \$25) \_\_\_\_\_

**TOTAL CAMP COST \$** \_\_\_\_\_

**PAYMENT**

- CREDIT CARD  VISA  MASTERCARD  JCB  AMEX
- DEBIT CARD

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_ A MINIMUM OF \$100  
 (will be charged upon registration)  
 + \_\_\_\_\_ 50% OF TOTAL (will be charged May 17, 2019)

+ \_\_\_\_\_ BALANCE DUE (will be charged June 21, 2019)

Total Amount to be charged = \_\_\_\_\_ **TOTAL CAMP COST**

- CHECK  MONEY ORDER

Check Date: \_\_\_\_\_

Check #: \_\_\_\_\_

**TOTAL CAMP COST = \$** \_\_\_\_\_

LESS DEPOSIT - \_\_\_\_\_ A MINIMUM OF \$100

- \_\_\_\_\_ 50% OF TOTAL  
 Due May 17, 2019

**BALANCE DUE =** \_\_\_\_\_ **BY June 21, 2019**

All activities are subject to change. Kama'aina Kids is an equal opportunity organization and does not deny enrollment or discriminate on the grounds of race, color, religion, gender, or national origin. Eligibility to participate in this program is reliant upon verification of a child's ability to function safely in a 1:15 ratio.

**FOR OFFICE USE ONLY:**  IN COMPUTER  SENT FOLLOW UP  PAID IN FULL

**\*Registering lunch for any week is due the Wednesday prior to the week lunch is needed.** Rev. 4/19