

HAWAII ATHLETES IN ACTION FOUNDATION REGISTRATION/WAIVER FORM

Today's Date: [Date]			HAIA FOUNDATION REGISTRATION FORM		
CHILD/STUDENT INFORMATION					
Patient's last name: [Last Name]		First:	Middle:	[Choose an item]	Marital status: [Choose an item]
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name? [Legal Name]	Former name: [Former Name]		Birth date: [Birthday]	Age: [Age] Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Address: [Address/ P.O Box, City, ST ZIP Code]					
Are you of Native Hawaiian Ancestry? Circle Yes No		Home phone no.: [Phone]		Cell phone no.: [Phone]	
School:		Grade:		Employer phone no.:	
<input type="checkbox"/> Any Health Conditions?					
Email address: <input type="checkbox"/> [Choose an item]					
PARENT/GUARDIAN INFORMATION					
Parent/Guardian's Name:		Birth date: [Birthday]	Address (if different):		Home phone no.: Cell phone no.:
Are you of Native Hawaiian Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this patient covered by insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation: [Occupation]		Employer: [Employer]	Employer address: [Address]		Employer phone no.: [Phone]
Please indicate primary insurance: [Choose an item]					
Subscriber's name: [Name]		Subscriber's S.S. no.: [SS#]	Birth date: [Birthday]	Group no.: [Group #]	Policy no.: [Policy #] Co-payment: \$[Co-pay]
Child's/Students relationship to you [Choose an item]					
Name of secondary insurance (if applicable): [Secondary Insurance]			Subscriber's name: [Name]		Group no.: [Group #] Policy no.: [Policy #]
Patient's relationship to subscriber: [Choose an item]					
IN CASE OF EMERGENCY & WAIVER OF LIABILITY					
Name of local friend or relative (not living at same address): [Friend or relative name]			Relationship to patient: [Relationship]	Home phone no.: [Phone]	Work phone no.: [Phone]
<p>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize HAWAII ATHLETES IN ACTION FOUNDATION to act on our child's behalf while traveling or participating in any HAIA FOUNDATION events. I give permission for my Child, _____, to participate in the Hawaii Athletes in Action Foundation Program. I am fully aware that some program activities can be dangerous and may result in serious injury. Knowing, understanding, and fully</p> <p>Appreciating all possible risks and dangers, I hereby expressly, voluntarily, and willingly allow my son to participate in any and all Hawaii Athletes in Action Foundation and its affiliates/partners program activities. In consideration of my child's participation, I hereby waive all claims or cause of action against Hawaii Athletes in Action Foundation, its officials, directors, employees, and agents from all liability in connection therewith. Furthermore, I give any Hawaii Athletes in Action Foundation faculty, parent, and or staff present at the program permission to seek out emergency medical attention for my child in the event my child becomes injured or ill.</p>					
_____ Patient/Guardian signature			_____ Date		