

TRANSDISCIPLINARY MOTOR LEARNING CLINIC FOR YOUNG CHILDREN

REGISTRATION FORM

Child's Name: _____ Age: _____ Gender: _____

Parents' Name: _____ Home Phone #: _____

Parents' Address: _____ DOB: _____

Best way to reach either parent or guardian [cell phone]: _____

PARENTAL CONCERNS RELATIVE TO CHILD'S PHYSICAL ACTIVITY:

DO YOU HAVE ANY SUGGESTIONS IN ORDER FOR US TO WORK BEST WITH YOU CHILD?

DOES YOUR CHILD HAVE ANY WATER EXPERIENCES [E.G., LEARN-TO-SWIM PROGRAMS, WATER ADJUSTMENTS]? NO ___ YES ___ [TYPE] _____

EMERGENCY TREATMENT PERMISSION

In the unlikely event that your child named above meets with an accident at this teaching facility, and staff personnel cannot contact you, we will need your permission to have the child properly cared for. You child's physician and phone number is _____.

In case the physician cannot be reached, we may take your child to the following hospital:

_____.

Telephone number of father's place of employment: _____.

Telephone number of mother's place of employment: _____.

If no home phone, we need one from a neighbor or relative:

Neighbor's/Relative name and phone number: _____.

PARENT'S SIGNATURE: _____ DATE: _____.

RELEASE OF ALL CLAIMS

Because participation in the **TRANSDISCIPLINARY MOTOR LEARNING CLINIC for YOUNG CHILDREN** involves physical activity and aquatics with risk of personal injury or damage to property, it is the policy of The University of Hawaii at Manoa [UHM] to require participants to execute this Release Form.

1. In consideration of and as a condition of being granted the opportunity to participate in this activity, I do hereby release and forever discharge all officers, students, employees, and all faculty members, and agents of the University of Hawaii at Manoa who arranged, advised, or supervised any function of this activity for myself and my heirs, executors, administrators and assigns from all claims, demands, actions, and causes of action for personal injury [fatal or permanent] or any other damage now existing or which may arise out of or be in any way related to their negligence or other conduct associated with the activity.

2. I do hereby also agree to acquire prior to participation in this activity and maintain in force during the period in which I will be engaged in this activity a policy of health and accident insurance covering hospitalization and treatment for any injuries sustained as a result of such activity [including Medicaid]. Such insurance shall e through an insurance company authorized and licensed to do business within the State of Hawaii and shall provide coverage similar to that coverage obtained by students through the University.

3. I do hereby release my permission to have videotape and photographs, which my child/(I) appears in, to be used solely for promotion of the Transdisciplinary Motor Learning Clinic, course instruction at UHM and professional publications.

I HAVE READ AND I DO FULLY UNDERSTAND ALL OF THE ABOVE PROVISIONS

_____ DATED _____, 20____
SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME

PARTICIPANTS NAME

Return this form to:

Transdisciplinary Motor Learning Clinic for Young Children
Department of Kinesiology, College of Education
1337 Lower Campus Road [PE/A 231]
Honolulu, Hawaii 96822