

Registration & Release



REGISTRATION & RELEASE SUMMARY. This document (1) *registers* Students and Guardians for program entry and communications; (2) provides *permissions* for medical, transportation, publicity, and program involvements; and (3) gets Students a free club *t-shirt*. Please provide the following information concerning the Student(s) and legal Guardian(s).

STUDENT'S FULL NAME: _____ DATE OF BIRTH: _____

SCHOOL GRADE-YEAR (6th-12th) _____ MOBILE PHONE (optional): _____

GUARDIAN(S) FULL NAME(S): _____

PHONE NUMBER(S): _____

PRIMARY EMAIL ADDRESSES: _____

PHYSICAL MAILING ADDRESS: _____

EMERGENCY CONTACT (besides the guardian): _____

ANY MEDICAL, PHYSICAL, OR BEHAVIOR ISSUES OF THE STUDENT(S) WE SHOULD KNOW : _____

[TO RECEIVE INFO/UPDATES]: "I/we, the Guardian(s) named above, wish to receive the following communications..."

Weekly email update about "Pacific Club" youth activities in my community... *indicate where*

Army South (AMR, Fort Shafter)

Army North (Schofield Barracks, Wheeler, HMR)

Navy and/or Air Force (JBPHH)

Marine Corps (MCBH)

Just contact me 1-time about my community's "Pacific Club"/PHM program

Monthly *Newsletter* of my community's leader... *indicate which name(s)-&-format(s) to receive:*

Annalise Daroczy..... by physical mail &/or digitally by email

Kaylyn Reynolds..... by physical mail &/or digitally by email

Kevin & Casey Schmidt..... by physical mail &/or digitally by email

DEFINITIONS. Heretofore this document's reference to "*Released Parties*" does include the organizations of: *Pacific House of Mission* (also known as PHM, and as "Pacific Club"); as well as those individual staff persons, volunteers, and partnering leaders and youth workers of the aforementioned organizations and of their sponsored activities. Heretofore this document's reference to "*Constituent Party*" does include the persons of the Guardians and Sponsors named above, as well as of the registered Student(s) named above.

PARTICIPATION, TRAVEL, RECORD, & MEDICAL RELEASES. I/we, the Guardian(s) named above, of the Student(s) named above, give permission for the Student(s) to participate in and **Travel** to and from all activities of the Released Parties, and I/we do give permission for the Released Parties to exercise **Supervisory Charge** of the Student(s) during the times of those activities. This permission includes any and all activities related to the Released Parties and occurring between the timeframes of May 1, 2021 and August 31, 2022. In the event that my child/patron has need of **Medical attention**, I do hereby give my permission for members of the Released Parties to seek and to authorize any necessary medical help, including surgery if the particular medical emergency warrants such action to potentially save the person's life and after a reasonable attempt was considered for contacting that person's guardian and emergency contact. I do hereby release the Released Parties from any legal or financial obligation due to injury or illness or caretaking thereof concerning the Constituent Party.

PHOTO/VIDEO RELEASE I understand that as part of the Pacific Club regular program, photo and video may be taken from time to time to be used for publication or celebration with each other, and I give photo/video **Release** for Pacific House of Mission and affiliated parties to be included and to participate in this, unless the Student otherwise expresses to not be included.

SIGNED AFFIRMATION. I have read and fully agree to the terms, conditions, and statements of this Registration and Release. I/we, the Guardian(s) named above, provide here my/our signature(s) freely, voluntarily, and under no duress or threat of duress, and without inducement nor promise nor any guarantee being communicated to me. My/our signature provided here is proof of my intention to execute a complete and unconditional waiver and release of all liability to the full extent of the law. I affirm I am mentally competent and legally authorized to enter into such an agreement, and that in this document I have represented myself and the information fully and truthfully. I declare that all the foregoing is true and correct.

Signed on this Date (Day, Month, Year): _____

Printed Name(s) of Guardian(s): _____

Signed Name(s) of Guardian(s): _____



For any questions concerning this form please contact the following per your community:
Army North (Schofield/Wheeler/HMR): Annalise Daroczy (808) 840-7405 or adaroczy@pacifichouseofmission.com
Army South (AMR/Ft. Shafter/Tripler): Annalise Daroczy (808) 840-7405 or adaroczy@pacifichouseofmission.com
Navy and Air Force (JBPHH): Annalise Daroczy (808) 840-7405 or adaroczy@pacifichouseofmission.com
Marine Base (MCBH): Annalise Daroczy (808) 840-7405 or adaroczy@pacifichouseofmission.com