



# HappyFeet Hawaii Program Registration

Program (circle one)      Class      Camp      League

Program & Location Selected \_\_\_\_\_

Child's Name: \_\_\_\_\_ School \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Special Request: \_\_\_\_\_

Parent's Names \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email 1 \_\_\_\_\_

Email 2 \_\_\_\_\_

\*Please clearly print your current email address. We utilize this email communication with participants.

**HappyFeet Legends T-shirt : Cost \$20 to purchase – May be Included in programs. Refer to program.**

Size (Youth: XS, S, M, L). \_\_\_\_\_

**Payment options: Cash or Check. Checks payable to HappyFeet Legends Hawaii  
Mail checks with registration form to:  
HappyFeet Legends Hawaii, 75-5660 Kopiko St, C7-259, Kailua Kona, HI, 96740**

## Waiver/Indemnification:

As Parent/Legal Guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically able to participate in HappyFeet. I understand that there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in HappyFeet. I further agree to indemnify and hold harmless SAHI LLC, HappyFeet Legends Hawaii, its agents, servants, employees and/or representatives from any and all liability, damage, cost, or expense arising out of my child's participation, of every kind and nature, in HappyFeet events. In the event I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified SAHI LLC, HappyFeet Legends Hawaii staff member, EMT, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child. Photo waiver: The parent/guardian signature on this waiver also permits HappyFeet to use still photography and/or video originating from our programs for promotional purposes to include, but not limited to, print, website and various forms of visual print media.

## Signature of Parent or Legal

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_