



# Holokai: Sustaining Voyaging Traditions

Holokai to is a 10-day wa'a summer camp for West Hawai'i students entering grades 7, 8, and 9. Students will learn skills to becoming a voyager — on the wa'a and in their community. We are inviting teachers to embark on this voyage of cultural learning.

Submit this application to Nā Kālai Wa'a, 65-1206 Māmalahoa Hwy, Suite 1-101, Kamuela, HI 96743. Enclose \$50 \*\* non-refundable registration fee — cashier or personal check to Nā Kālai Wa'a.

\*\* Scholarships are available for consideration of waiving registration fee. Please attach an additional form with a statement of need.

Applicant Information		
Last Name	First	Middle
Address:		Zip Code:
Date of Birth (mm/dd/yyyy):	Gender: M / F	T-Shirt Size:
School / Learning Organization:		Grade(s) / Teaching Subject:
Specify your 1st and 2nd preference of session to attend:		
<input type="checkbox"/> Session 1: June 27 - July 6 <input type="checkbox"/> Session 2: July 11 - July 20		

Emergency Contact Information		
Please provide an adult emergency contact.		
Emergency Contact Name:		Relation to Applicant:
Last	First	
Home Phone: (    ) -		Cell Phone: (    ) -
Business Phone: (    ) -		
Do you have any medical conditions or allergies (food, plants, bee stings, etc. ) that we should be aware of?		Yes / No
* If Yes, please list condition / allergy and Rx.		

**Permission for Treatment and Release**

I understand that the ultimate responsibility for my medical treatment rests with me and my family, and agree to the following:

**Limited Emergency and Non-Emergency Medical Services:** I that Nā Kālai Wa'a offers limited emergency and non-emergency medical services. I hereby authorize such emergency and non-emergency medical services for me as may be deemed necessary or appropriate by the staff of Nā Kālai Wa'a, and that Nā Kālai Wa'a will make reasonable attempts to notify my emergency contact as soon as possible of injury or illness.

**Referral and Consultation:** I further authorize Nā Kālai Wa'a to refer me, or consult with such physicians or facilities as Nā Kālai Wa'a deems necessary or appropriate. My preference (which is not mandatory) in the event of such referral or consultation is stated in this form. I understand that any charges for such referral and consultation shall be our sole responsibility.

**Release:** In consideration of my in Nā Kālai Wa'a's program, I waive and release any and all claims against Nā Kālai Wa'a and it's trustees officers, directors, agents, representatives, and employees, in both their personal and professional capacities (collectively also Nā Kālai Wa'a) for injuries, liabilities, losses, and damages connected with or arising out of the rendering of medical treatment to me and (b) we agree to indemnify, defend and forever hold harmless, Nā Kālai Wa'a from and against any and all claims, proceedings, injuries, liabilities, losses, or damages, and expenses including reasonable attorneys fees and costs, relating to the rendering of my medical treatment.

**I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS STATEMENT; UNDERSTAND THE NATURE OF THIS STATEMENT AS CONTRACTUAL NOT MERE RECITAL; CONFIRM THAT I/WE WERE GRANTED AN OPPORTUNITY TO ASK QUESTIONS ABOUT THIS STATEMENT; AND THAT I AM SIGNING THIS STATEMENT AS MY OWN FREE ACT.**

Print Applicant Name	Signature	Date

Nā Kālai Wa'a Official Use		
School:	Grade(s):	
Session 1: June 6 - June 15	Session 2: June 20 - June 29	Session 3: July 4 - July 13
Medical:		
NKW Waiver & Release:	KS Waiver:	
Registration Fee:		