



Windward Clubhouse
(Kailua Intermediate School)
145 S. Kainalu Dr.
Kailua, Hi 96734
(808) 263-0555

Intersession Registration Form

Member Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ T-shirt size (Child) S M L XL (Adult) S M L XL XXL

Birth Date: _____ Gender: () Male () Female Email Address: _____

School: _____ Current Grade: _____

Parent/Guardian's Name: _____

Parent/Guardian's Employer: _____ Parent/Guardian's Work Phone: () _____

Child's Medical information

Doctor's Name/Family Physician: _____

Address: _____

Phone# _____ Choice of Hospital _____

Medical Insurance Company _____ Policy# : _____

Allergies: _____ Medication: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Full Name: _____
Last *First* *M.I.*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

By signing the release/waivers below, I have read, understand, and agree to them voluntarily.

Medical Release/Waiver:

In the event of a medical emergency, if the parent/guardian, emergency contact persons, or child's physician can not be promptly reached, I authorize the Boys & Girls Club staff to take my child to the nearest hospital or clinic for medical care.

Photo/Video Release/Waiver:

I authorize Boys & Girls club to use video images or photographs of my child, I agree that the video of photographs become the exclusive property of the Boys & Girls Club and may only used by the Boys & Girls Club.

Parent/Guardian's Signature Date

Parent/Guardian's Signature Date

