



Youth Registration Form and Parent Permission

Ho'ohiki Pilina Project

This form should be completed for each youth (ages 14-18) participating in the Ho'ohiki Pilina Program (HPP). The gathered information is confidential and will be treated accordingly. It is requested in order to assist Facilitators in providing the best possible experience for participants. Please fill out details of medication fully (names of medication, dosages, inhalers, and if self administered)

SECTIONS A, B, and C are about the young person. SECTION D is about the parent/guardian.

Friend who referred me (name): _____

Date of his/her participation: _____

SECTION A – YOUTH PARTICIPANT

1	FIRST NAME	MIDDLE INITIAL	LAST NAME	
2	STREET	CITY	STATE	ZIP
3	YEAR IN SCHOOL (Please check): <input type="radio"/> 8 th <input type="radio"/> 9 th <input type="radio"/> 10 th <input type="radio"/> 11 th <input type="radio"/> 12 th <input type="radio"/> not in school		4	DATE OF BIRTH DAY/MONTH/YEAR
5	Are you Hispanic or Latino? (Please Circle) <input type="radio"/> YES <input type="radio"/> NO		6	GENDER (Please check): <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> OTHER _____
7	What is your racial/ethnic background? (Check all that apply)			
	<input type="radio"/> Hawaiian	<input type="radio"/> Portuguese	<input type="radio"/> Chuukese	<input type="radio"/> Samoan
	<input type="radio"/> Chinese	<input type="radio"/> Alaska Native	<input type="radio"/> Marshallese	<input type="radio"/> Tongan
	<input type="radio"/> Japanese	<input type="radio"/> Native American	<input type="radio"/> Micronesian	<input type="radio"/> Guamanian/Chamorro
	<input type="radio"/> Filipino	<input type="radio"/> Black/African American	<input type="radio"/> Melanesian	<input type="radio"/> Puerto Rican
	<input type="radio"/> Korean	<input type="radio"/> Mexican	<input type="radio"/> Palauan	<input type="radio"/> Other Pacific Islander
	<input type="radio"/> Vietnamese	<input type="radio"/> White/Caucasian	<input type="radio"/> Pohnpeian	<input type="radio"/> Other _____

SECTION B – YOUTH MEDICAL

8	DETAILS OF ANY REGULAR MEDICATION (IF NONE WRITE N/A)
9	DETAILS OF ANY ILLNESS WE NEED TO KNOW (Ex: DIABETES, ASTHMA) (IF NONE WRITE N/A)
10	DETAILS OF ALLERGIES (IF NONE WRITE N/A)
11	DETAILS OF DIETARY REQUIREMENTS (IF NONE WRITE N/A)

SECTION C – YOUTH AGREEMENT

While attending Ho'ohiki Pilina, I will: Attend all sessions ; Respect other participants, Facilitators and Leaders; Respect all property; and Respect myself. I will not use illegal drugs, alcohol, or use tobacco/vape during class. I understand my cell phone will be sent reminder texts and surveys, if my parent/guardian approves.	
12 YOUTH SIGNATURE <i>(Required)</i>	13 DATE

PLEASE RETURN BOTH COMPLETED FORMS TO hpp@koka.org



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SECTION D – PARENT / GUARDIAN

14 FIRST NAME	MIDDLE INITIAL	LAST NAME
15 STREET	CITY	STATE ZIP CODE
16 TELEPHONE NUMBERS		20 RELATIONSHIP TO YOUTH: <input type="radio"/> Parent <input type="radio"/> Guardian <input type="radio"/> Family Member <input type="radio"/> Foster <input type="radio"/> Step-Parent <input type="radio"/> Other
17 MOBILE NUMBERS Adult (Required)		
18 Mobile Number- Youth (Required)		
19 ADULT EMAIL (Required)		
21 GENDER (Please check): <input type="radio"/> MALE <input type="radio"/> FEMALE <input type="radio"/> OTHER_____		22 ORGANIZATION THAT REFERRED YOU: NAME OF ORG: CONTACT NAME: CONTACT PHONE #:
20 Youth EMAIL (Required)		
21 Youth EMAIL (Required)		

PARENTAL CONSENT (Required)

23 ___ (Initial Required) **Participation Consent:** I grant permission for my youth to participate in Ho'ohiki Pilina for all sessions.

24 ___ (Initial Required) **Texting Consent:** I grant permission for Ho'ohiki Pilina to utilize my and my youth's cell phone text program to send updates on the program and status information.

25 ___ (Initial Required) **Photo Media Release:** I grant permission for photographs / video to be taken during training for KOKA purposes. See attached Media Consent.

26 ___ (Initial Required) **Non-Coercion Verification:** My youth is attending Ho'ohiki Pilina voluntarily and no undue pressure was applied by my family for his/her enrollment.

27 PARENT / GUARDIAN SIGNATURE (Required)	28 DATE
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Requested Class and Start Date: 4-day class (Date:) 2-day camp (Date:)
 Time: 8:30 am 12:30 pm 2:30 pm 3:30 pm Other: _____

Please note that normal classes start on Tuesdays, while the 2-day intensive classes are Wednesday-Thursday only from 8:30 am - 3:00 pm.

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