## 2023 Miloli`i Lawai`a `Ohana Camp Application Packet

June 21 – 24, 2023 (Overnight Camp) Miloli`i Pāka, Kapalilua – Kona Hema

Name of Parents/Guardian	s that will participa	te:	a de la companya de l
1			[ ] Hawaiian [ ] Birth Year:
2	1116	Male [ ] Female	[] Hawaiian [] Birth Year:
Contact Information:			
Mailing Address		City	Zip Code
none Number eMail Address			
1		Male [ ] Age:_ Female [ ]	Date of Birth:// Hawaiian: [ ]
1		Male [ ] Age:_ Female [ ]	Date of Birth://
2		Male [ ] Age:	Date of Birth:/
		Female [ ]	Hawaiian: [ ]
3		Male [ ] Age:	Date of Birth:/
			Hawaiian: [ ]
		Official Use	
	CPR/AED	):	Check-In:
	Lifeguard	l:	Swag:
	-, √, +	1[]2[]3[]	Shirts:
			Campsite:
			Check-Out:

2023 Miloli'i Lawai'a 'Ohana Camp Contact Information: https://www.kalanihale.org/lawai'a-'ohana-camp Ka'imi Kaupiko 808 937.1310 Leivallyn "Lei" Ka'upu 808 315.6451

Please submit applications by **June 10th** to: kkaupiko@gmail.com, lkaupu@gmail.com

## 2023 Miloli`i Lawai`a `Ohana Camp Application Packet

# **Family Medical and Dietary Information** Does anyone in the family have any allergies (bees, food, etc.)? YES [ ] NO [ ] Please provide details (include names): Is anyone in the family taking special medication? YES [ ] NO [ ] Please provide details (include names): Are you or any of your children on a special/restricted diet? Please provide details (include names): YES [ ] NO [ ] \* If you have special dietary needs, please understand that you may be required to bring your own meals. Please provide any additional information you think is important to share with us about any of your family members. Given this is an **overnight camping experience** where we provide food and organize activities, it is important for us to know about any health, medical or dietary issues. Participants who do not know how to swim must let Camp Coordinators know during orientation. Mahalo! **Emergency Contact Information:** Relationship Contact Number Name Name Relationship Contact Number Name of Family Doctor: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_ Medical Insurance: Policy #:

# ACKNOWLEDGEMENT OF AGREEMENT &

#### PHOTOGRAPHY / VIDEOGRAPHY CONSENT FORM / RELEASE

**Please note** – all family members applying must be included in this Acknowledgement of Agreement & Photography / Videography Consent Form/Release. Parents or guardians must sign for their children if they are under the age of 18.

#### Agreement of Applicant - Parent(s)

I understand that if I am accepted to and agree to attend the 2023 Miloli'i Lawai'a 'Ohana Camp,	
I will be required to abide by and be subject to the program's academic and social code. Also, I have	in
read and understand the application procedures and admissions for the camp.	111

2023 Miloli'i Lawai'a 'Ohana Camp will enforce CDC safety guidelines and may test and re-test camp participants to ensure the safety of staff, participants, and the community of Miloli'i Village. I and my family will comply with these test procedures and guidelines.

I, the signed parent/guardian below, parent or legal guardian of the child(ren) listed below, grant permission for them to participate, if selected, in the **2023 Miloli'i Lawai'a 'Ohana Camp**. I understand the necessity for his/her conformance to the conditions and regulations of the camp.

#### Photography/Videography Consent Form / Release

I, the signed parent/guardian below, hereby grant permission to **2023 Miloli'i Lawai'a 'Ohana Camp**, to take and use: photographs and/or digital images **of me, and/or my children** also listed below, for use in news releases and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me.

Parental Approval / Release for Minor Children (under the age of 18):

	, , , , , , , , , , , , , , , , , , ,	
	print child's full name	
	print child's full name	
	print child's full name	
Authorizing Parent/Guardian Print Full Name:	Signature:	Date:
Authorizing Parent/Guardian		
Print Full Name:	Signature:	Date:

# Miloli'i Lawai'a 'Ohana Camp

## Suggested Packing List

#### Please clearly label your child's belongings. Medication may not be shared.

- Medications (Epipen for allergies)
- Tent
- Sleeping Bag
- Sleeping Mat (or something to sleep on)
- Reusable Water Bottle
- Towel(s)
- Toiletries
  - Toothbrush, hairbrush, toothpaste
  - Reef safe sunscreen
  - We will have bathing soap
  - Personal Hand sanitizer (we will also have sanitary stations)
- Clothes
  - Basic Clothes for 3 nights/4 days play clothes that will get dirty
  - Swimsuit consider rashguard and protective sunwear
  - Hōʻike Night Clothes clean pair shorts/pants; we will provide hōʻike shirt
- Swim Gear
  - mask
  - snorkel
  - fins
  - tabis
- Hat & Sunglasses
- Shoes & Gloves
- Jacket / Rain gear
- Flashlight, headlamp, lantern
- Healthy snacks for personal cravings
- Lots of Aloha!