

**YOUTH APPLICATION: INTENT TO PARTICIPATE AT KYBC**  
**After-school Entrepreneurial Program: 4-week sessions**

Check one of the following:

- Culinary Arts Workshop \$20 (Mondays January 23 – February 13, 3:00 – 5:00 p.m.)
- Introduction to Photoshop \$20 (Mondays January 23 – February 13, 3:00 – 5:00 p.m.)

***Pre-registration and pre-payment is required to secure your spot. Please mail check (payable to 'GCDG'), completed and signed application and release forms to: PO Box 1772, Keaau, HI 96749, Attn. Lily Chan-Harris. Minimum of 6 registrants to run each class.***

<b>Participant's Last Name</b>	<b>First Name</b>	<b>Age</b>	<b>Birthdate</b>
School	Grade	M/F	Email
Home Phone	Cell Phone	Mailing Address	
Emergency Contact: Name/Relationship		Emergency Contact Phone(s)	
Name of Physician		Physician's Phone No.	
Health Insurance Policy		Allergies and Medications	
Participant's special needs or conditions			

**Indemnity Agreement**

I understand that reasonable care will be taken to insure my safety. However, in the event of an accident or injury, I hereby release and hold harmless KYBC and Grassroots Community Development Group, its employees, contractors and agents of and from any and all liability for such occurrence. I understand that KYBC has no insurance which will cover me if I am injured and will not pay for any medical treatment necessitated by my being injured as a result of my participation in the KYBC event. I hereby agree to be personally and solely liable and responsible for any and all damages of any kind resulting therefrom. I hereby authorize KYBC and its representatives to arrange for emergency medical treatment should it become necessary.

<b>Participant Signature</b>	<b>Parent/Guardian Signature (if under 18 years)</b>	<b>Date</b>
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I confirm that all details are correct on the above registration form to the best of my knowledge and I am able to give parental consent for my child to participate in and travel to all activities.

**Parent/Guardian Signature**