

Kama'aina Kids Sitters/ Aulani, A Disney Resort & Spa

Please call (808) 372-5992 to make a reservation and confirm full payment

Sitters are available from 6am-midnight for children ages 6 weeks - 14 years.

1. Child's Name (Last, First, M.I.) _____
 Age _____ Gender _____ Allergies _____
 Child's Name (Last, First, M.I.) _____
 Age _____ Gender _____ Allergies _____
 Child's Name (Last, First, M.I.) _____
 Age _____ Gender _____ Allergies _____

2. Special Instructions _____

3. Parents / Legal Guardians (AUTHORIZED TO PICK UP CHILD)

 Mr. or Ms. - Name (Last, First) Cell Phone No. (With Area Code)

 Mr. or Ms. - Name (Last, First) Cell Phone No. (With Area Code)

4. Hotel Aulani, A Disney Resort & Spa Hotel Room # _____

5. Home Address _____
 City _____ State _____ Zip _____

GENERAL RELEASE AND WAIVER

I/We, the undersigned parent(s)/guardian(s), in consideration of **Kama'aina Kids** providing babysitters for our child/ward, named above, do for myself/ourselves, my/our heir, executors, administrators and assignees, hereby release and discharge demands, actions, causes of action, or suits of any kind or nature whatsoever, which may arise from my/our child's participation in the youth program, except for gross negligence or willful misconduct on the part of **Kama'aina Kids** or the Association's officers, directors, employees or agents.

Furthermore, I/we agree to indemnify and to hold **Kama'aina Kids** and Disney Vacation Development, Inc., its affiliates and their employees and agents ("Hotel") harmless against loss from any and all claims, demands, damages, actions, causes of actions, suits of any kind or nature whatsoever, that may hereafter be made or brought by my/our child(ren)/ward(s) or by anyone on his/her/their behalf and I/we waive any and all rights of exemption under any federal and/or state laws against all such claims.

I/We give my/our child(ren)/ward(s) permission to attend and participate in the activities conducted by **Kama'aina Kids**.

I/We have read and understand the release. Furthermore, I hereby agree that, if Kama'aina Kids staff is unable to contact me or one of the persons listed as emergency contacts, I hereby consent that if my child exhibits signs of illness or injury, that at the discretion of the **Kama'aina Kids** supervisor on duty, my child may be taken to the nearest medical facility and be given any examination or treatment that is deemed necessary by the personnel of the medical facility and, if permissible by medical facility, subsequently released to **Kama'aina Kids** Supervisor or staff-in-charge.

I/ We have locked all valuables in our hotel room safe. I understand that **Kama'aina Kids** will not be responsible for any lost items.

Signature of Releasor _____ Date _____

Dates & Times

Date: _____

Time: _____

Parent provides: Food, disposable diapers, wipes, toys.

Rates (4 hour minimum):

1 Child:
 \$30/hr. x _____ hrs = _____

2 Children:
 \$35/hr. x _____ hrs = _____

3 Children:
 \$40/hr. x _____ hrs = _____

Total _____
 (Tax Included)

Cancellation Fee: \$35 automatically charged if minimum of 8 hours notice is not given.

Payment Authorization:

*A Credit Card guarantee is required for all reservations

VISA MasterCard Discover Amex

Name as it appears on card: _____

Last 4 Digits of Card Number: _____

Total Amt to be charged : \$ _____ Exp. Date: _____

Signature: _____

Date: _____

Please fax registration form to:
 (808) 261-0268
 or
 Email to: sitters@kamaainakids.com

