

Kahumoku 'Ohana
**HAWAIIAN MUSIC & LIFESTYLE
WORKSHOP**

November 5-12, 2011

Scholarship Registration Information:

Dates: November 5, 2011 check-in, November 6-12 Workshops

Location: Pahala Plantation House, Pahala, Hawaii

Program:

6-days of hands-on instructions in Slack Key Guitar, 'Ukulele, Hawaiian Steel Guitar & Slack Key; Bass; Music Theory; Songwriting; Song Sessions; Private lessons; Hawaiian Language & Chanting; Singing; Hula; Lauhala weaving and more; Nightly Kanikapila (jam sessions); Food demos and Day trips.

***Free concert (open to public) and plate lunch fundraising event to benefit the Ka'u High School Ensemble Class on Veteran's Day, Friday November 11, 11:00 a.m. to 4:00 p.m. For more information please contact Tiffany at (808) 938-6582. ***

Instructors:

Dennis Kamakahi--slack key guitar, lead song sessions, storytelling

George Kahumoku Jr.--slack key guitar, lead song sessions, storytelling

John Keawe--songwriting and slack key guitar

Sonny Lim--slack key and Hawaiian steel guitar

James Hill--'ukulele, songwriting and more

Konabob--Acoustic Hawaiian steel guitar and the slack key bass

Herb Ohta Jr.--'ukulele and lead song sessions

David Kamakahi--'ukulele

Keoki Kahumoku--slack key guitar and ukulele, food demonstrations

Brittini Paiva--'ukulele and lead song sessions

Darci Baker--Hawaiian language mele focus and singing

Ka'iwi Perkins-- lauhala weaving, storytelling

Brad Bordessa--'ukulele

Plus more instructors to be announced...

Scholarship Options:

- *Full scholarship* (Participation in 6 workshop days; all classes, meals and lodging provided).
- *Partial scholarships* (Participation in all workshops, all classes provided; **Meals and Lodging at student's expense**)
- *Partial part-time scholarships for local Elementary/Jr/High School students* (Participation in workshop after school or during school with the school's permission; **Transportation home will be the responsibility of the student /lodging available with parent's written permission.**)

***Scholarships are limited and accepted upon approval. A one-page essay will be required and due prior to or on arrival. All Scholarship applications must be filled out and mailed to:**

**Center for Hawaiian Music Studies
Attn: Scholarship
358 Ululani Street
Hilo, HI 96720**

***Scholarship applications must be received before or no later than October 31, 2011 to be considered.**

**It will be mandatory for scholarship students to assist in the preparation of all meals and clean up. Chores will be designated at time of arrival.*

Items to bring to workshop:

Your instrument(s)* for the workshop, a pen or pencil and tape recorder (optional and upon approval of instructor). Limited instruments will be available for workshop use on a first come basis. Any damaged or misplaced instrument(s) will be the responsibility of the borrower. Further information will be given on the check in/out process at the workshop.

**Acoustic Hawaiian Steel Guitar can be played on any 6-string guitar with steel strings.*

Clothing: Swimwear, umbrella or windbreaker for rain, sweater or jacket, long pants and walking shoes advised for day trips.

For accommodations, see www.pahala-hawaii.com or call (808) 928-9811.

If you would like further information or have questions regarding the

workshop, you may log onto www.konaweb.com/keoki or call (808) 938-6582.

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Scholarship Registration

Please complete and mail all required forms (registration, essay, liability release, medical & emergency, appearance release, participation/chore & behavioral agreement and Parent Permission & transportation agreement).

Name: _____ Age: _____ Grade:

Address: _____ City: _____ Zip:

School Attending:

Telephone: _____ Cell:

Email: _____

- Full Scholarship _____
- Partial Scholarship for full-time students (Cost of Meals \$525) _____
- Partial part-time Scholarship for local Elementary/Jr/High School students (afterschool transportation home will be the responsibility of the students) _____

Requirement for all scholarship applicants:

A one-page essay on the following topics:

-Why do you want to attend the workshop?

-What instrument(s) do you play?

-What instrument(s) would you like to *learn* to play?

-What songs or what kind of song(s) do you like?

-What song(s) or what kind of song(s) would you like to *learn* to play?

-How will you share what you have learned at the workshop if you attend?

-How did you hear about the workshop?

-Have you or anyone you know been to the workshop before?

Interest:

Beginning 'Ukulele ___ Music Theory ___ Private Lessons: ___

Inter/Adv 'Ukulele ___ Advanced 'Ukulele ___ Song Writing ___

Beginning Slack key ___ Song Sessions ___ Hula ___

Inter/Adv Slack key ___ Hawaiian Steel Guitar ___ Slack key Bass ___

Hawaiian Steel Guitar ___

If you do not know if you are a beginner or inter/adv, please see instructor at the beginning of the workshop. For after school students, you will be sitting in on classes that will be going on during your time of arrival.

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Liability Release Form:

I/We (a) waive and release any and all claims against Center of Hawaiian Music Studies (CHMS), their associates, employees, the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop, it's instructors and sponsors for injuries, liabilities, losses or damages connected with or arising out of

my/our participation in the workshop, field trips or activities, or rendering of any medical treatment deemed necessary; and (b) I/We agree to indemnify, defend and hold harmless CHMS and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop from and against any and all claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorneys fees and costs relating to my/our participation in the workshop.

(Applicant/Responsible Party's Signature) (Date)

(Print Name)

Parental/Guardian Consent: I represent that I am a parent or guardian of the minor (under the age of 18) who has signed the liability release agreement above, and I hereby agree that we will both be bound thereby.

(Parent/Guardian Signature) (Date)

(Print Name)

(P.O. Box or Street Address)

(City, State, Zip Code)

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Medical & Emergency Information:

Applicant's Name:

In case of an emergency, please contact:

Name: _____

Relationship to Applicant: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2nd contact person:

Name: _____

Relationship to Applicant: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Medical Permission for Treatment and Release

I/We understand that the ultimate responsibility for any medical treatment deemed necessary for the well being of myself/our family/my child rests with me and/or my family, and agree to the following:

Emergency and Non-Emergency Medical Service: I/We hereby authorize such emergency and non-emergency medical services for myself/our family/my child as may be deemed necessary or appropriate by Center For Hawaiian Music Studies (CFHMS) and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop staff.

Referral and Consultation: I/We further authorize CFHMS and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop staff to refer myself/our family/my child to, or consult with, such physicians or facilities as CHMS and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop staff deems necessary or appropriate. I/We understand that any charges for such referral and consultation shall be our sole responsibility.

Release: I/We (a) waive and release any and all claims against CHMS, their associations and employees, the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop, it's instructors and sponsors, for injuries, liabilities, losses or damages connected with or arising out of the rendering of medical treatment to myself/our family/my child; and (b) I/We agree to indemnify, defend and hold harmless Local Production, Inc. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop from and against any and all claims, proceedings, injuries, liabilities, losses, damages and expenses including reasonable attorneys' fees and costs relating to the rendering of medical treatment of myself/our family/my child.

I/WE HAVE READ AND UNDERSTAND THE CONTENTS OF THIS STATEMENT; UNDERSTAND THE NATURE OF THIS STATEMENT AS CONTRACTUAL NOT MERE RECITAL; CONFIRM THAT I/WE WERE GIVEN AN OPPORTUNITY TO ASK QUESTIONS ABOUT THIS STATEMENT; AND THAT I/WE ARE SIGNING THIS STATEMENT AS MY/OUR FREE ACT.

(Applicant/Responsible Party or Parent/Guardian Signature) (Date)

(Print Name)

(P.O. Box or Street Address)

(City, State, Zip Code)

If minor and unattended by parent or guardian, please provide the following information:

Medical Insurance Plan: _____

Subscriber.s Name: _____

Group No. _____ Plan No. _____

NOTE: If unsure of what information to record, please enclose copy of medical card.

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Appearance Release

I/We consent to the making of visual and/or sound recordings (referred to herein as Materials) of myself/our self by CHMS. I/We authorize use of the Materials in any manner and purpose deemed appropriate by CHMS. and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop. I/We waive any right to approve the Materials and I/we understand that CHMS. and the

Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop is not obligated to use any of the Materials.

(Applicant/Responsible Party's Signature) (Date)

(Print Name)

Parental/Guardian Consent: I represent that I am a parent or guardian of the minor (under the age of 18) who has signed the appearance release agreement above, and I hereby agree that we will both be bound thereby.

(Parent/Guardian Signature) (Date)

(Print Name)

(P.O. Box or Street Address)

(City, State, Zip Code)

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Name of Student: _____

As a scholarship student in the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop, I agree to abide by the following:

*To respect all participants, staff and property at the workshop including:

- Treating all others as I would like to be treated.
- Listening to and following instructions from instructors and staff members and student aides (no talking back, no insubordination).
- Picking up after myself and caring for my own property and the property of others.

*To participate in activities and lessons at all times (scholarship students should not be lounging when lessons are in session). To refrain from any class disruptions (student will be dismissed from lesson if disruption continues).

*To be responsible in fulfilling the chore assigned to me upon workshop check-in.

I understand that if I break this agreement I may be sent home.

I am aware of the following conditions at the workshop:

I will be responsible for my own personal needs by practicing proper hygiene including

showering, brushing or combing my hair and brushing my teeth.

I will be responsible for my own belongings and actions at the workshop.

I will stay in my assigned room or area of rest when it is time to go to bed and "lightsout" is announced.

I know that all participants have the right to be safe, free from harm and intimidation, and be in a drug/alcohol free environment.

I know what behavior is expected of me and I am willing to attend and participate in the Kahumoku 'Ohana Hawaiian Music and Lifestyle Workshop:

(Applicant) (Date)

(Print Name)

Parental/Guardian Consent: I represent that I am a parent or guardian of the minor (under the age of 18) who has signed the participation/chore and behavioral agreement above, and I hereby agree that we will both be bound thereby.

(Parent/Guardian Signature) (Date)

(Print Name)

(P.O. Box or Street Address)

(City, State, Zip Code)

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It is to my knowledge and permission that my son/daughter,

(Student Name)

will be participating in the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop after schools/weekends beginning on **November 6, 2010 at Pahala Plantation House in Pahala**. It is my responsibility to be sure that arrangements for transportation to and from the workshop is provided and that my son/daughter may be picked up at any time between the time school is out until 9:00 pm, weekends from 8 am to 10 pm. It is also to my knowledge that my son/daughter will be attending the workshop through scholarship funding and required to participate in all lessons available from the time of their arrival until the time that they leave. I understand that

the workshop is not a place for my child to hang out with friends, but to learn from the lesson plans of the workshop itself. If my son/daughter is not fulfilling his/her obligation per participation/chore and behavioral agreement, my son's/daughter's scholarship funding will be voided and my son/daughter will be dismissed from the program. I have read the parent permission and transportation agreement above and agree to the stipulations set forth.

(Parent/Guardian Signature) (Date)

(Print Name)