

Kahumoku 'Ohana

HAWAIIAN MUSIC & LIFESTYLE WORKSHOP

Scholarship Registration Info

Dates: November 27, 2009 -6:00 pm check-in (Nov. 27 - Dec 5, 2009 Workshops)

Location: Pahala Plantation House in Pahala

Program:

8-days of hands-on instructions in Slack Key Guitar, 'Ukulele, Hawaiian Steel Guitar & Slack Key Bass, Songwriting, Song Sessions, Private lessons, Hawaiian Language & Chanting, Singing, Hula, Lei making, Nightly Kani Ka Pila (jam sessions), Food Demos and Day Trips.

Free concert (open to public) on Saturday, December 5, 11:00 a.m. to 4:00 p.m. at the Pahala Community Center to benefit the Boys and Girls Club of Ka'u.

Instructors:

- Keoki Kahumoku will teach slack key guitar and ukulele
- George Kahumoku Jr. will teach slack key guitar, do storytelling and lead song sessions
- John Keawe will teach songwriting and slack key guitar
- Sonny Lim will teach slack key and Hawaiian steel guitar
- Konabob will teach Acoustic Hawaiian steel guitar and the slack key bass
- Herb Ohta Jr. will teach 'ukulele and lead song sessions
- Brittni Paiva will teach 'ukulele and lead song sessions
- Dennis Kamakahi will teach slack key guitar, do storytelling and lead song sessions
- Leilehua Yuen will teach lei making
- Darcy Baker will teach Hawaiian language mele focus and singing

Scholarship Options:

Partial scholarship for full-time students

(Participation in 8-day workshop beginning December; all classes provided;

Meals and Lodging at student's expense)

Partial scholarships for part-time 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. Forms, a **one-page essay** and payment (if required) will all be due at check-in on November 27, 2009 at 6:00 pm.

It will be mandatory for scholarship students to assist in the preparation of all meals and clean up. A chore or assignment will be designated at the time of check-in on November 27, 2009.

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 our 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 Hawaii Music Live at (650) 888-5010.

Scholarship Registration For Kahumoku 'Ohana
HAWAIIAN MUSIC & LIFESTYLE WORKSHOP

Nov. 27 - Dec. 5, 2009

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: _____ School Attending: _____

Telephone : _____ Cell: _____

Email: _____

Scholarship Option:

- Full Scholarship _____
- Partial Scholarship for full-time students (fee noted noted in email) _____
- Partial Scholarship for Elementary/Jr/High School students _____
- (afterschools - transportation home will be responsibility of each student _____

Requirement for all scholarship applicants:

A one-page essay on the following topics: How does learning Hawaiian music or culture impact your life? Why are workshops like these important to the community?

Interest:	Beginning 'Ukulele ___	Music Theory ___	Private Lessons:
	Inter/Adv 'Ukulele ___	Song Writing ___	Beg. 'Ukulele ___
	Beginning Slack key ___	Song Sessions ___	Inter/Adv 'Ukulele ___
	Inter/Adv Slack key ___	Hula ___	Beg. Slack key ___
	Hawaiian Steel Guitar ___	Lei making ___	Inter/Adv Slack key ___
	Slack key Bass ___		Hawaiian Steel Guitar ___
			Slack Key Bass ___

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 in session during your time of arrival.

Liability Release For Kahumoku 'Ohana

HAWAIIAN MUSIC & LIFESTYLE WORKSHOP

Nov. 27 - Dec. 5, 2009

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, its 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)

Medical / Emergency Information For Kahumoku 'Ohana
HAWAIIAN MUSIC & LIFESTYLE WORKSHOP

Nov. 27 - Dec. 5, 2009

Applicant's Name: _____

In case of an emergency, please contact:

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

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 CHMS and the Kahumoku 'Ohana Hawaiian Music & Lifestyle Workshop staff.

Referral and Consultation: I/We further authorize CHMS 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, its 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.

Appearance Release For Kahumoku 'Ohana
HAWAIIAN MUSIC & LIFESTYLE WORKSHOP

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I/We consent to the making of visual and/or sound recordings (referred to herein as Materials) of myself/ourselves 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)

Participation/Chore and Behavioral Agreement

For Kahumoku 'Ohana

HAWAIIAN MUSIC & LIFESTYLE WORKSHOP

Nov. 27 - Dec. 5, 2009

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, 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 and area of rest when it is time to go to bed and "lights-out" 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 and understand 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)

Parent Permission and Transportation Agreement

(After School Students)

For Kahumoku 'Ohana

HAWAIIAN MUSIC & LIFESTYLE WORKSHOP

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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 27, 2009 at the 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 9 pm.

It is also to my knowledge that my son/daughter will be attending the workshop through scholarship funding and is 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 as per the 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)