

## ACTIVITY DISCLOSURE AND CONSENT

I/we wish to register my/our child(ren) as listed below in the Group Services Activity as described below. I/we represent that all information provided in my/our Application and Consent Lili'uokalani Trust Services Form executed and dated \_\_\_\_\_ ("Application and Consent") is current and I/we hereby acknowledge and affirm that all conditions, covenants, and agreements as set forth in the Application and Consent shall remain in full force and effect in connection with this group services activity.



My/our child(ren) who will be participating in this group services activity is/are:

<i>First and Middle Name</i>	<i>Last Name</i>
<i>Activity Name:</i>	
<i>Description and Disclosure of Activity:</i>	
<i>Location of Activity (Address):</i>	
<i>Transportation to and from Activity:</i> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> <i>Parent/Guardian</i></li> <li>• <input type="checkbox"/> <i>Trust Sponsored</i></li> <li>• <input type="checkbox"/> <i>Other Private Party (Name) _____</i></li> </ul>	
<i>Date and Timeframe of Activity:</i>	
<i>From: (Start Date) _____ to (End Date) _____</i> <span style="margin-left: 100px;"><i>Time: (Start Time) _____ to (End Time) _____</i></span>	
<i>LT Involvement:</i> <i>Conducted by LT</i> <input type="checkbox"/> <i>Supported by LT</i> <input type="checkbox"/>	

My signature below indicates that I have read, understand, and agree to all of the above and approve of my child's participation in the aforementioned activity

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Printed name & signature of Parent/Legal Guardian

Date

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Printed name & signature of Parent/Legal Guardian

Date

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Printed name & signature of Caregiver

Date

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Printed name & signature of LT Designated Worker

Date

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Reviewed by Team Lead or Other Responsible Party

Date

LT-Temp  
Revised 02/15/19