

# Sariling Gawa Youth Council A 501(c)3 Non-Profit Community Organization

P.O. Box 97-1225 • Waipahu, Hawaii 96797 www.sarilinggawa.org

## "20/20 YISION" 40<sup>th</sup> Annual Youth Conference

Deadline: February 19, 2020

March 19 - 21, 2020 • YMCA Camp Harold Erdman, Mokuleia, Oahu

#### **DELEGATE APPLICATION**

Please print or type					
APPLICANT INFORMATION					
Full Namo:					
Full Name:					
Gender (please circle): Male Female Age: Date o	of Birth (mm/dd/yyyy)://				
Mailing Address:					
Street Address City	State Zip Code				
Permanent Address:					
(if different from above) Street Address City	State Zip Code				
Phone: () Email Address:					
Birthplace: Years in Hawaii: Ethnic Background (optional):					
Language(s) spoken:					
Grade Level: Current School Attending:					
T-Shirt Size (please circle): S M L XL XXL 3XL 4XL					
Extracurricular Activities/Hobbies:					
Have you been a Sariling Gawa Delegate before? Yes No If yes, what years?					
<b>MEDICAL &amp; EMERGENCY INFORMATION: Require</b>	ed Information				
Parent(s)/ Guardian(s):	Phone: ()				
Emergency Contact:	Phone: ()				
Doctor's Name:	Phone: ()				
Medical Coverage: Membership Number:					
Medical Condition(s)Allergies: Medication(s):					
Special diet:					

FOR OFFICE USE	ONLY:					
Barangay	_Cabin _	KP	Service Charge _	Received	Amt Received	YMCA

QUESTIONNAIRE: Please Answer the Following	Questions. Use Ad	ditional sheets if I	necessary.		
What are your short-term goals (1-2 years) and long-term go	als (5 years)?				
How do you feel about being Filipino? What do you appreciate about Filipino culture?					
What do you think your role is in our community and society?					
For returning participants: Please describe your past SG experiences.					
Career Interests: Check all that apply.  Please circle issues that concern you:					
<ul> <li>( ) Arts &amp; Communication (Performing, visual, literary, &amp; media arts</li> <li>( ) Business &amp; Technology (Sales, marketing, finance, accounting)</li> <li>( ) Health Services (promotion of health &amp; treatment of disease)</li> <li>( ) Human Services (economic, political, &amp; social systems)</li> <li>( ) Industrial &amp; Engineering Technology (design, develop, install or maintain physical systems)</li> <li>( ) Natural Resource Systems (environment &amp; natural resources)</li> </ul>	IDENTITY culture sexual individual	RELATIONSHIPS family friends significant other	LIFESTYLE financial peer-pressure school		

### I, the undersigned applicant, am in certifiably good health, with no physical or psychological restrictions that would limit my participation in the 40th Annual Youth Conference activities. I will observe the rules of proper conduct and safety precautions for my safety and the benefit of all participants. I hereby accept full responsibility for and indemnify, release and discharge Sariling Gawa Youth Council from any and all claims of action for property damage, psychological and /or physical injury while participating in the 40<sup>th</sup> Annual Youth Conference. I fully understand and accept the cancellation and refund process. I give permission to be photographed, videotaped, interviewed or surveyed for future publication on Sariling Gawa's website, presentations and documentations. Names will NOT be displayed. Applicant's Signature Date FOR APPLICANTS UNDER 18 YEARS OLD - Parent's/Guardian's Names:

#### **COST & PAYMENT OPTIONS:**

**CERTIFICATION/WAIVER OF LIABILITY** 

#### Payment Deadline: February 19, 2020

**Registration Fee: \$140.00** Payment Options:

1) CASH, or

Print Parent's/Guardian's Name

Signature of Parent/Guardian

- 2) CHECK Payable to Sariling Gawa Youth Council, or
- 3) VENMO @SarilingGawaHI with note "SG2020 LastNameFirstName"

Late Registration Fee: \$160.00 (if received after February 19, 2020)

**Cancellation Policy:** Full refund will be issued upon cancelling by February 19, 2020.

Cancellation after February 19, 2020 will NOT receive a refund.

#### PRINT, SIGN & MAIL APPLICATION, YMCA GENERAL WAIVER FORM & PAYMENT TO: Sariling Gawa Youth Council - P.O. Box 97-1225, Waipahu, HI 96797

#### **ISLAND CONTACTS:**

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Date