

APPLICATION FORM

La'au Lapa'au Level I

SEND TO: Jeanella Keopuhiwa
PO Box 463
Volcano, HI 96785

Deadline: March 15, 2011
Deposit: \$300.00
Balance Due: April 2, 2011

(The information on this form is kept confidential)

Name: _____

Home phone: _____

Address: _____

Work phone: _____

Fax: _____

DOB: _____

Email: _____

Please describe your background in ...

EDUCATION:

SPECIALTIES:

Healing areas in which I'm interested:

Plants that I'm familiar with and/or that I grow:

Why I'm interested in learning about Native Hawaiian Herbal Medicine:

Describe the spiritual practice(s), teacher(s), and experiences with which you are familiar:

Check each condition that applies to you:

1. _____ I am responsible for the entire workshop fee whether I attend or not.
2. _____ I will pay the balance due by April 2, 2011.
3. _____ I understand that lodging, meals, and transportation are not included.
4. _____ I will be responsible for providing any and all learning materials needed in class.
5. _____ I will not treat anyone outside of my family and I will never charge anyone for my services at any time.
6. _____ I will not sell La'au at anytime.
7. _____ I understand that at the discretion of the Kumu I can be dismissed from the program.

By my signature, I acknowledge that I have read, understand and agree to each of the seven conditions listed above and that it is necessary for registration in the La'au Lapa'au class Level 1.

Signature

Printed Name

Date

Reminder: Please sign and return the registration-release form along with this registration application and your \$300.00 deposit.

Mahalo!

La'au Lapa'au Level I – Release Form

(The information on this form is kept confidential)

Applicant's Name

Home Phone/Fax

Address

City

State

Zip

DESCRIBE ANY MEDICAL CONDITIONS YOU HAVE:

LIST MEDICATIONS YOU ARE TAKING AND THE CONDITIONS FOR WHICH YOU ARE TAKING THEM:

PLEASE INDICATE ALLERGIC REACTIONS THAT YOU HAVE EXPERIENCED AS WELL AS SITUATIONS THAT HAVE TRIGGERED SUCH REACTIONS:

MY DOCTOR OR OTHER HEALTH PROFESSIONAL:

name

phone

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

name

phone

name

phone

In registering for this class, I understand that should I experience any medical or psychological ill-effects during or after the program, I will not hold Kumu Jeanella Keopuhiwa or her assistants responsible or liable.

I also understand that Kumu Jeanella and her assistants do not require class participants to replace other methods of health care.

Upon successful completion of this course, I will not represent to others that I have the power to heal.

I have provided complete and correct information on this registration release form.

Signature

Printed Name

Date