



We are happy to have you as a new or returning member of our canoe club and hope you enjoy your distance season with us. Our club history is long and eventful, and we work towards providing a respectful, healthy and happy environment for each member, paddler, family and our community. Here's what to do now that you have the 2018 distance season packet.

Paddlers who were registered and validated with Kailua CC for the 2018 regatta season do NOT need any additional paperwork or dues.

Incoming paddlers from other clubs or KCC paddlers who were not registered for the 2018 regatta season need to submit:

1. Kailua Canoe Club Registration Form
2. 2018 HCRA Waiver
3. Payment of \$75.00 payable to Kailua Canoe Club (check, cash, Visa / Mastercard – 3% transaction fee for cards)

If we do not have a copy on file, or if your HCRA card has expired, we will also need:

A copy of your ID (birth certificate, drivers license, passport, State ID, military ID, etc...no school IDs). I have many IDs on file for paddlers who paddled with KCC the past couple of years.

A photo of fabulous YOU! We'll have a camera available at registration or photos can be emailed to [kccregistrar@gmail.com](mailto:kccregistrar@gmail.com). (No hats, no sunglasses, no glasses unless you race with them).

Paperwork, photos or IDs (or registration questions) can be emailed to [kccregistrar@gmail.com](mailto:kccregistrar@gmail.com). Original copies of paperwork should be left in the locked dropbox at the KCC halau. Your coach can show you where this is.

All distance racing fees and expenses outside of dues to KCC will be the responsibility of each individual crew.

On behalf of our board and coaches, we look forward to having you paddle with Kailua Canoe Club and hope you enjoy your training and racing with our club, forming new friendships, and creating memories that will last a lifetime.

Questions? Email [kccregistrar@gmail.com](mailto:kccregistrar@gmail.com)



# KAILUA CANOE CLUB - Paddler Registration

Year \_\_\_\_\_ (fill in year)      Returning \_\_\_\_\_ New \_\_\_\_\_ Transfer \_\_\_\_\_  
(ck. one)

Name \_\_\_\_\_  
First Middle Last Nickname

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_  
Home Cell Work (parent's email for youth paddlers)

Gender:  F  M    Birthdate \_\_\_\_\_ Age on January 1<sup>st</sup> \_\_\_\_\_ Occupation: \_\_\_\_\_

Ever paddle for Kailua Canoe Club or other canoe club in Hawaii? \_\_\_\_\_ If yes, please specify club(s), last year and all divisions paddled: Club \_\_\_\_\_

Last yr paddled: \_\_\_\_\_ Youth  Nov B  Nov A  Open  Masters

If Novice B, did you race? \_\_\_\_\_ If Novice A, how many years in this division? \_\_\_\_\_

Have you ever raced in any 6-man for (check all that apply): School team \_\_\_\_\_ An Out of State Club \_\_\_\_\_

Can you swim?  yes  no

A KCC Grant/Scholarship fund has been established to assist youth paddlers in need with the registration. If you would like to donate an additional \$5.00 or (fill in blank) \$ \_\_\_\_\_ to assist our paddlers, please check this box, and the money will be earmarked for the scholarship fund. Mahalo nui for your support.

Please check here if you would like to donate to the Koa Fund to the repair & maintenance of the koa canoes. Amt: \$5.00 or \$ \_\_\_\_\_ (fill in the blank)

## EMERGENCY CONTACT & MEDICAL INFORMATION

In case of emergency contact (list two people if possible):

Name \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

Do you have any disabilities, medical conditions, or allergies? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Medical Insurance Coverage Plan \_\_\_\_\_

**IN CASE OF EMERGENCY:** It is the policy of Kailua CC to contact the family of the paddler regarding medical treatment if the paddler is injured or becomes ill. I give consent to have me/my child transported for treatment to the closest source of medical aid at the discretion of the coach or person in charge. I agree to assume all responsibility for medical and dental care of myself/my child/ward while I/they are involved in the activities of Kailua Canoe Club. I authorize the City and County of Honolulu Emergency units to administer appropriate treatment.

### PADDLER OR PARENT/GUARDIAN OF MINOR:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO BE COMPLETED FOR ALL MINOR APPLICANTS

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ do hereby authorize my child/ward to participate in the canoe-racing season as a paid member of the Kailua Canoe Club.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR CLUB USE ONLY: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

**Hawaiian Canoe Racing Association Insurance Program  
Adult and Minor Waiver and Release of Liability  
January 1, 2018 to December 31, 2018**

**Canoe Club:** \_\_\_\_\_

In consideration of being allowed to participate in any way in the Hawaiian Canoe Racing Association and its member organizations' athletics/sports programs, and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the Hawaiian Canoe Racing Association, its member associations, its affiliated clubs, their respective administrators, directors, agents, coaches, and other volunteers or employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

The undersigned custodial parent or legal guardian acknowledges that he/she is also signing this release on behalf of the minor participant, that he/she is waiving certain rights on behalf of the minor participant that the minor participant otherwise may have and that the minor participant shall be bound by all of the terms of this release. By signing this waiver and release without a parent's or guardian's signature, the participant represents he/she is at least 18 years of age, or, if signing as the parent or guardian of the participant, signer represents they are the custodial parent or legal guardian of the minor participant.

**THE UNDERSIGNED HAVING READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

**Paddler Name (print)** \_\_\_\_\_ **Sex**  **F**  **M**  
**Street Address** \_\_\_\_\_ **Birthdate** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Phones: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell/Pager** \_\_\_\_\_  
**Email Address** \_\_\_\_\_

**IN AN EMERGENCY CONTACT:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**If a minor, Printed Name of Custodial Parent or Guardian** \_\_\_\_\_

**Adult/Paddler Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

(Adult Paddler or Minor's Guardian)