



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 1/1/20 _____ 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 _____

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.

Adult Paddlers: Print Name _____ Signature _____ Date _____

To Be Completed For All Minor Paddlers: 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 _____