



P.O. Box 592, Honaunau, HI 96726

2012 MINOR PADDLER REGISTRATION FORM

NAME (S): _____ TODAY'S DATE: _____
MAILING ADDRESS: _____ HOME PHONE _____
CITY, STATE, ZIP: _____ CELL PHONE _____
E-MAIL ADDRESS _____ WORK PHONE _____
BIRTH DATE: _____ AGE: ____ Circle: Male/Female Circle: New / Returning member
EMERGENCY CONTACT _____ PHONE: _____

Medical Care Permission/ Release of Liability Waiver for Medical Care Emergency and Code of Conduct

This is to certify that I, the PARENT or GUARDIAN of _____, the above named participant in Keoua Canoe Club activities, hereby grant permission to any coach or official of the canoe club to obtain medical care from any licensed physician, hospital or medical clinic for the paddler named herein, at such time as circumstances necessitate. This authorization shall apply to all club activities, including the period required to travel to and from those activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless Keoua Canoe Club, its organizers, supervisors, officers, board members, coaches, sponsors, participants and persons transporting the paddler to and from those activities, for any claim arising out of any injury to the paddler. I also hereby waive, release, absolve, indemnify and agree not to sue Keoua Canoe Club, its organizers, supervisors, officers, board members, sponsors, coaches and/or other participants for any injuries I might sustain while participating in any activities at, or sponsored by Keoua Canoe Club, Moku O Hawaii (MOH) or the Hawaiian Canoe Racing Association (HCRA). I agree to abide by the behavioral standards identified in the Keoua Canoe Club Code of Conduct.

PRINT NAME: _____ SIGNED: _____ DATE: _____
PARENT NAME: _____ SIGNED: _____ DATE: _____

NOTE: 2012 – 2013 HCRA WAIVER MUST ALSO BE COMPLETED & SIGNED BY PARENT/GUARDIAN

2012 MEMBERSHIP DUES / REGISTRATION FEES

INDIVIDUAL MINOR MEMBERSHIP (18 & under) \$30 includes insurance \$ _____
For additional minors, or minors under 12 years of age: \$15 includes insurance \$ _____
Note: Please complete a Membership form & HCRA waiver for each child
BOATRACK: \$60 for those with an OC-1/OC-2 on the Keoua Rack # _____ \$ _____

Date paid: _____ By: cash check # _____ money order TOTAL: \$ _____

OFFICE USE ONLY: HCRA waiver HCRA card photo age verify MOH cards oc-1 rack Sec OK Treas OK