



P.O. Box 592, Honaunau, HI 96726

2018 ADULT PADDLER REGISTRATION FORM

NAME: _____ 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, _____, as a 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: _____

NOTE: 2018 HCRA WAIVER MUST ALSO BE COMPLETED & SIGNED

2018 MEMBERSHIP DUES / REGISTRATION FEES

INDIVIDUAL ADULT Membership: **\$60** includes insurance, regatta race entry \$ _____

BOAT RACK: \$60 for each OC-1/2 or V-1 in a boat rack. Rack #(s): _____ \$ _____

Date paid: _____ Rcvd By: _____ By: **Cash** Check # _____ BR Reg. # _____ TOTAL: \$ _____

OFFICE USE ONLY: HCRA waiver HCRA card photo age verify oc-1 rack Sec OK Treas OK Receipt #: _____