



P.O. Box 592, Honaunau, HI 96726

### 2018 MINOR PADDLER REGISTRATION FORM

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

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: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

#### **NOTE: 2018 HCRA WAIVER MUST ALSO BE COMPLETED & SIGNED**

#### **2018 MEMBERSHIP DUES / REGISTRATION FEES**

INDIVIDUAL MINOR MEMBERSHIP includes insurance, regatta race entry, and 1 race jersey

**7-11 years old: \$15 12-18 years old: \$30 OC1/2 or V1: \$60**

**TOTAL: \$ \_\_\_\_\_**

Date paid: \_\_\_\_\_ RCVD. By: \_\_\_\_\_ CASH CHECK #: \_\_\_\_\_ Scholarship

OFFICE USE ONLY: HCRA waiver  HCRA card  photo  age verify  MOH cards  Sec OK  RECEIPT #: \_\_\_\_\_