

P.O. Box 592, Honaunau, HI 96726

2023 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 / X. Circle: New / Returning member
EMERGENCY CONTACT	PHONE:
Medical Care Permission/ Release of I	_iability Waiver for Medical Care Emergency and Code of Conduct
physician, hospital or medical clinic for the authorization shall apply to all club activities hereby waive, release, absolve, indemnify a officers, board members, coaches, sponsor activities, for any claim arising out of any ir agree not to sue Keoua Canoe Club, its or other participants for any injuries I might sur Club, MOKU O Hawaii (MOH) or the Hawaiia	, as a participant in Keoua Canoe Club coach or official of the canoe club to obtain medical care from any licensed paddler named herein, at such time as circumstances necessitate. This including the period required to travel to and from those activities; and I do agree to hold harmless Keoua Canoe Club, its organizers, supervisors is, participants and persons transporting the paddler to and from those njury to the paddler. I also hereby waive, release, absolve, indemnify and ganizers, supervisors, officers, board members, sponsors, coaches and/ostain while participating in any activities at, or sponsored by Keoua Canoe Canoe Racing Association (HCRA).
PRINT NAME:	SIGNED:DATE:
NOTE: 2023 HCRA WAIVER MUST ALSO BE COMPLETED & SIGNED 2023 MEMBERSHIP DUES / REGISTRATION FEES	
*BOAT STORAGE RACK: \$80 ea	\$80 includes insurance & regatta race entry <u>ch</u> for OC-1, V-1, surfski racks \$100 <u>each</u> for 2 man racks Rack #(s): TOTAL \$
Online: KeouaCanoeClub.com PayPa	ted via Check, Online, Paypal or Venmo II: Contact@keouacanoeclub.com Venmo: @KeouaCanoeClub are NOT allowed without a paid membership.
Date paid: Rcvd By:	By: Check # Online PayPal Venmo

http://www.keouacanoeclub.com Questions: Call Jene Green at 808-443-4670