



P.O. Box 592, Honaunau, HI 96726

2023 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/ X 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: 2023 HCRA WAIVER MUST ALSO BE COMPLETED & SIGNED

2023 MEMBERSHIP DUES / REGISTRATION FEES

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

10-18 years old: \$30 OC1/2 or V1 storage rack: \$80

Venmo: @keouacanoclub or PayPal: Contact@keouacanoclub.com

Date paid: _____ RCVD. By: _____ CASH CHECK #: _____ Scholarship _____ Online _____

<http://www.keouacanoclub.com>

Questions: Call/Text Jene' Green at 808-443-4670