



# KEAUHOU CANOE CLUB

P. O. Box 390755.....Keauhou Kona, Hawaii 96739

## 2008 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: \_\_\_\_\_ T-shirt size: XS / S / M / L / XL / XXL

PLEASE CIRCLE: MALE or FEMALE and NEW\* or RETURNING MEMBER\*\*

\* IF NEW, PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE  
 \*\* IF RETURNING, WHAT CLASSIFICATION DID YOU PADDLE/RACE LAST YEAR? \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE: \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE: \_\_\_\_\_

TO WHOM IT MAY CONCERN:  
 This is to certify that I, \_\_\_\_\_, as a participant in Keauhou 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 Keauhou 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 Keauhou 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 Keauhou Canoe Club, Moku O Hawaii (MOH) or the Hawaiian Canoe Racing Association (HCRA).

PRINT NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

### 2008 REGISTRATION FEES / MEMBERSHIP DUES

INDIVIDUAL ADULT MEMBERSHIP: **\$75** paid: \$ \_\_\_\_\_

FAMILY MEMBERSHIP: **\$125** for 2 adult paddlers paid: \$ \_\_\_\_\_

for additional JUNIOR family members add insurance @\$15 each paid: \$ \_\_\_\_\_

(for JUNIORS, please fill out Junior registration form from website and attach)

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

OFFICE USE ONLY: hcra waiver hcra card moh cards photo age verify oc-1 rack  
 sec OK