



KEAUHOU CANOE CLUB

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

2008 JUNIOR 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: kids L , adult XS / S / M / L / XL

PLEASE CIRCLE: MALE or FEMALE / NEW* or RETURNING MEMBER**

* IF NEW, PLEASE PROVIDE A COPY OF YOUR BIRTH CERTIFICATE OR AGE VERIFICATION

** 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, the PARENT or GUARDIAN of _____, the above named 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 my child/ward 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 JUNIOR MEMBERSHIP age 18 & under: \$35 paid:\$ _____

Each additional junior member in family: \$25 paid:\$ _____
(please complete a form for each child & attach)

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

OFFICE USE ONLY: hcra waiver hcra card moh cards photo age verification
sec. OK