

YEAR _____

Check if
COMPETITIVE

LŌKAHI CANOE CLUB APPLICATION

Please fill out online or type, use pen, and complete all sections.

Check if
RECREATIONAL

Name _____
Last First Middle Initial Nickname

Address _____
Street Address City Zip

Home Phone _____ unlisted Cell _____ Work _____
email address _____

Sex male female Birth Date _____ Youth Paddlers: age on January 1 this year _____

ID: To compete in sanctioned events, you must provide identity documentation with proof of age. Please provide a copy of your birth certificate, current driver's license or other valid official documentation.

EMERGENCY CONTACT INFORMATION

 Please list two people.

Name _____ Phone: home _____ wk. _____

Name _____ Phone: home _____ wk. _____

Do you have any disabilities, medical conditions, or allergies? yes no

If yes, please explain _____

Can you swim? yes no Strong swimmer? yes no Survival float? yes no

Have you paddled in the ocean before? no OC6 OC1 kayak surfski How long? _____

Have you raced outrigger? no pre-season regatta distance For what club(s)** _____

Division you last raced in: Youth Nov B Nov A Open Master don't know Year? _____

** If you were registered by another canoe club in HCRA you may need a **transfer/release** from your previous club. Please see the recording secretary.

By signing this application you certify that you agree to pay the current club dues and abide by club expectations, distributed separately, including participating in our fund raising activities for not more than \$150. Dues should be paid in full by **April 30** this year.

Applicant's Signature

Date

PARENT'S OR GUARDIAN'S SIGNATURE:

 If applicant is under 18 years of age or is a Special Olympian

I hereby give my permission and consent for the above to engage in the canoe program offered by Lōkahi Canoe Club. To my knowledge he/she is physically able to compete in supervised canoe paddling. I also give my consent for the above to accompany the team as a member to the various practice and race sites designated by Lōkahi Canoe Club. A physician may treat the above whenever necessary until other arrangements can be made, and the coach(s), officer(s), agent(s) and/or member(s) of Lōkahi Canoe Club may render first aid if they are qualified to do so.

Parent's or Guardian's Signature

Date