LŌKĀHI CANOE CLUB APPLICATION
Please fill out online or type, use pen, and complete all sections.

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 ever paddled outrigger? □ yes □ no If NO, did a Lōkahi Member refer you? ______________________ Name ______________________

Have you paddled in the ocean? □ no □ OC6 □ OC1 □ kayak □ surfski How long? ______________________

Have you raced outrigger? □ no □ pre-season □ regatta □ distance 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. If you check COMPETITIVE above, then you agree further to participate in our fund-raising activities for $100.

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 ___________