

LÖKAHI CANOE CLUB APPLICATION

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

Check if
COMPETITIVE

Check if
RECREATIONAL

Name _____
Last First Middle Initial Nickname

Address _____
Street Address City Zip

Home Phone _____ unlisted Cell _____ Work _____

email address _____

Gender: circle one
M **F** **X** 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 medical conditions that might affect your ability to participate? yes no

If yes, please explain _____

To paddle with Lōkahi Canoe Club you must provide proof of vaccination against COVID-19 or recent negative test results.

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

Have you ever paddled outrigger? yes no If YES, how long have you been paddling? _____

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.

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