



APPLICATION FOR MEMBERSHIP

ADULT

SEASON: _____ REGISTRATION FEE:\$ _____

CONTACT INFORMATION

NAME (PRINT CLEARLY)		BIRTHDATE
ADDRESS		
HOME PHONE	CELL PHONE	EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

NAME (PRINT CLEARLY)		RELATIONSHIP
HOME PHONE	CELL PHONE	EMAIL ADDRESS

PERSONAL INFORMATION

SHIRT SIZE: Men Women S M L XL XXL

HAVE YOU EVER PADDLED BEFORE (even as a child)? Yes No

If Yes, when and where: _____

CAN YOU SWIM?: Yes No CPR CERTIFIED?: Yes No

LIST ANY ALLERGIES, ILLNESSES, CONDITIONS, ETC: _____

Please make check payable to **KOA KAI CANOE CLUB**. Fee is non-refundable.

A color copy of your driver's license is required for regatta registration.

I agree to abide by all rules and regulations set forth by the club and the Koa Kai Club Member Agreement. I will not hold Koa Kai Canoe Club and/or property owners responsible for any injury(ies) or damage(s) incurred to myself while I am at the club or involved with any activities or equipment owned or used by Koa Kai Canoe Club. In case of sickness or accident, I authorize any hospital and/or physician to perform emergency medical treatment on me. I understand that participating in practices, races or any other activities involving Koa Kai Canoe Club will be at my own risk.

SIGNATURE

DATE

OFFICE USE ONLY

<input type="checkbox"/> Dues Paid	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	Date: _____
<input type="checkbox"/> HCRA Waiver Received	<input type="checkbox"/> MCBH Waiver Received	<input type="checkbox"/> Copy of Proof of Age Received	
<input type="checkbox"/> Photo Received	<input type="checkbox"/> Transfer Form (neighbor island only) received		