



APPLICATION FOR MEMBERSHIP YOUTH

SEASON: _____

REGISTRATION FEE: _____

CONTACT INFORMATION

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

PARENT/GUARDIAN CONTACT INFORMATION

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

EMERGENCY CONTACT INFORMATION *(at least one other than parent/guardian listed above)*

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

PERSONAL INFORMATION

SHIRT SIZE: Men Women S M L XL XXL

PADDLING EXPERIENCE/LEVEL: None Novice A Open Master Sr Master

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 photo id is required for regatta registration.

I agree to abide by all rules and requirements 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 while my child is 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.

_____	_____
PADDLER SIGNATURE	DATE
_____	_____
PARENT/GUARDIAN SIGNATURE	DATE

OFFICE USE ONLY	
<input type="checkbox"/> Dues Pd	<input type="checkbox"/> Cash
<input type="checkbox"/> Waiver Received	<input type="checkbox"/> Check Date: _____
<input type="checkbox"/> Copy of Birth Certificate/Photo ID received	<input type="checkbox"/> Photo Received
<input type="checkbox"/> Transfer received (if applicable)	
Club Rep: _____	