

# ADULT DIVISION APPLICATION FORM

PADDLER:

Member \_\_\_\_\_ Racer \_\_\_\_\_



OFFICE USE ONLY	
Annual Fees	
Member	\$150
Date Paid	_____
Cash/PayPal/Check#	_____
Collected By	_____
Racer	\$175
Date Paid	_____
Cash/PayPal/Check#	_____
Collected By	_____
Novice B Racer	\$100
Date Paid	_____
Cash/PayPal/Check#	_____
Collected By	_____

LEGAL NAME:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Paddler "Goes by" Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Concerns, Allergies or Medications, Injuries: \_\_\_\_\_

## AUTHORIZATION FOR TREATMENT/TRAVEL

*In the event that I become ill or injured while engaging in Kihei Canoe Club authorized activities, I hereby consent to and authorize such medical or dental treatment as deemed necessary and agree to pay for such medical or dental costs as incurred.*

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\*To add your name to the Club's Email/Newsletter list, complete the section at the bottom of the membership page on the KCC Website: <http://www.kiheicanoeclub.com/membership16.php>

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