

2016



NA OPIO DIVISION APPLICATION FORM

OFFICE USE ONLY	
Dues: \$50	
Dues with KCC jersey: \$60	
Date Paid:	_____
Cash/Check:	_____
PayPal #:	_____
Collected By:	_____
Birth Certificate:	_____
YES	NO

* A copy of Child's Birth Certificate is required with application

LEGAL NAME:

Last: _____ First: _____

Paddler "Goes by" Name: _____

Birthdate: _____ Age: _____ M/F: _____ T-Shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical concerns, Allergies or Medications, Injuries: _____

Primary Contact for NON Emergencies:

Name: _____ Relationship: _____

Phone: _____ Email: _____

Primary Contact FOR Emergencies:

Name: _____ Relationship: _____

Phone: _____ Email: _____

In order to serve your child, KCC appreciates your help. How can you give back to the club?

Parent Authorization for Treatment / Travel

I, the undersigned, hereby grant permission for my child, named above, to participate in the activities of Kihei Canoe Club's Na Opio Division Program. In the case of illness or injury to my child I hereby consent to and authorize such medical or dental treatment as deemed necessary and agree to pay for such medical or dental costs incurred.

I also grant permission for my child to be a passenger in a vehicle driven by a coach, instructor, or other designated adult caregiver as part of the planned activities of the Kihei Canoe Club.

Print Name (Parent/Guardian) Signature (Parent/Guardian) Date

Attention Parents: Please assure your child(ren) are aware of and adhere to your expectations concerning their participation in Kihei Canoe Club's Na Opio Program. KCC will not be responsible for providing direct supervision for any child who leaves KCC's programs with or without parental consent.