

ADULT DIVISION APPLICATION FORM



OFFICE USE ONLY
Annual Fees

Member	Racer	Novice B
Amount Paid _____		
Cash/PayPal/Check # _____		
Date _____		

PADDLER:

Racer _____ Recreational _____

*Do you plan to race Regatta or Long Distance season? Y/N

*Are you a member of another HCRA club? Y/N

If YES, which club _____

Do you wish to transfer your membership to Kihei Canoe Club? Y/N

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/membership18.php>