



Keahiakahoe Canoe Club

Application for Membership

Dues _____

B/C _____

Card _____

Classification _____

PLEASE PRINT OR TYPE:

NAME _____
LAST FIRST MI

NICKNAME _____ BIRTHDATE: _____ AGE: _____
SHIRT SIZE (dd/mm/yyyy) (on Jan 1st)

ADDRESS _____

CITY _____ ZIPCODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ GENDER AT BIRTH MALE FEMALE

CAN YOU SWIM? YES NO

DO YOU HAVE ANY MEDICAL PROBLEMS? IF YES, PLEASE SPECIFY: _____

MEDICAL COVERAGE:

TYPE _____
POLICY #: _____
FAMILY PHYSICIAN: _____
PHONE #: _____

EMERGENCY CONTACT:

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____
PHONE NUMBER: _____

As a member of Keahiakahoe Canoe Club, I pledge to practice good sportsmanship, conduct myself respectfully at club functions and respectfully care for all equipment. I understand that I will be responsible to actively participate in all fundraising activities sponsored and involving Keahiakahoe Canoe Club. I also understand that I will be responsible to sell all tickets or items issued to me for any fundraising event. In the event that I am unable to sell these tickets or items, I will be responsible to pay for any unsold or lost amount. No tickets or items may be returned once they have been issued. I also understand that if I become a member one week prior to a fundraising event or any time there after a fundraising event, I will be assessed a fundraising fee that will be payable before I am registered to race.

Signature of Member _____ Date _____

Signature of Parent or Guardian if less than 18 years old _____ Date _____

Name of Person Responsible for Payment of Club Dues or Fundraising Tickets/Debits if other than Member:

Print name _____ Signature _____ Date _____

Relationship to Member: _____

Address if different from Member: _____

Contact Phone number(s) for responsible party: _____