

KOA KAI CANOE CLUB

Application for Membership (Minor) – 2012 Season

CONTACT INFORMATION FOR PADDLER:

Name: _____
Address: _____
Home phone: _____
Email: _____

Birth date: _____
Cell phone: _____

CONTACT INFORMATION FOR PARENT/GUARDIAN:

Name: _____
Work phone: _____
Cell phone: _____
Email: _____
Relationship: _____

Name: _____
Work phone: _____
Cell phone: _____
Email: _____
Relationship: _____

SHIRT SIZE:

Men's Women's S M L XL XXL

MEDICAL INFORMATION:

Allergies/Asthma: _____

Other: _____

Are you CPR-certified? YES NO

Is your parent/guardian CPR-certified? YES NO

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

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature: _____

My signature on this line means that I agree to uphold the Koa Kai Member Agreement.

ADMINISTRATIVE USE ONLY – DO NOT WRITE BELOW

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- | | | | |
|---|--|--------------------------------|-------------|
| <input type="checkbox"/> Dues paid | <input type="checkbox"/> Cash | <input type="checkbox"/> Check | Date: _____ |
| <input type="checkbox"/> Waiver received | <input type="checkbox"/> Copy of birth certificate/photo ID received | | |
| <input type="checkbox"/> Digital photo received | <input type="checkbox"/> Transfer received (if applicable) | | |
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