

Adult Division Application Form

Office Use Only
Annual Membership Fees
Individual \$150
Ohana \$175

Date Paid _____
Cash / Check # _____
Collected By: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birthdate: _____ M/F: _____ Email: _____

T-shirt size: _____ Surf Short size: _____

We need your help. How can you give back to the club?

- Volunteer your time Donation of supplies/equipment
 Monetary donation
 Serve on a Committee (Circle one or more):

Membership Committee—This committee is responsible for the recruitment of new members, and the keeper of the paperwork needed in order to race. This committee makes sure each member has signed a current waiver, ID card, and birth certificate in order to race. This committee also prints up the rosters and addendum previous to races.

Fundraising Committee—This committee's obvious function is to raise funds necessary for the advancement of the club. This committee may plan and hold special events, small and large fundraisers, and write grants.

Education Committee—This committee realizes the importance of continuous workshops to educate the paddlers of the club. This committee works closely with the coaching staff to convene workshops.

Grounds and Hale—This committee is responsible for the beautification of the properties of the club. Regular site clean-ups and the responsibility of watering the plants rests on their shoulders.

Canoes and Equipment—This committee takes care of the canoes and the necessary equipment needed throughout the season.

Communications Committee—This committee is responsible for the dissemination of information via the newsletter, website, e-mail, postings, phone calls, and the coconut wireless.

Emergency Contact

Name: _____ Phone(H): _____ Phone(W): _____

Physician: _____ Phone: _____

Medical Concerns, Allergies or Medications: _____

Insurance Co.: _____ ID#: _____

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