

Na Opio Division Application Form

Office Use Only
Annual Membership Fees

Opio \$30
2 or more \$50
Ohana \$175

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

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Age: _____ Birthdate: _____ M/F: _____ School: _____ Grade: _____

E-Mail: _____ T-shirt size: _____ Surf Short size: _____

Parents: (Mother): _____ Phone(H): _____ (W): _____

(Father): _____ Phone(H): _____ (W): _____

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

_____ Volunteer your time _____ Donation of supplies/equipment
_____ Donation of foods/snacks _____ Monetary donation
_____ Other (explain) _____

Other Emergency Contact

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

Physician: _____ Phone: _____

Medical Concerns, Allergies or Medications: _____

Insurance Co.: _____ ID#: _____

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 as 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.