

2019



# NA OPIO DIVISION APPLICATION FORM

<b>OFFICE USE ONLY</b>	
Dues: \$50	
Dues with KCC jersey: \$60	
Date Paid:	_____
Cash/Check:	_____
PayPal #:	_____
Collected By:	_____
Birth Certificate:	_____
YES	NO

\* A copy of Child's Birth Certificate is required with application

**LEGAL NAME:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Paddler "Goes by" Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical concerns, Allergies or Medications, Injuries: \_\_\_\_\_

**Primary Contact for NON Emergencies:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Primary Contact FOR Emergencies:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**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 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.