



Membership Application Form
For Summer Camps 2008

Please tick the camp applying for:

Hawaii Kai June 9-12 _____

Kailua July 7 -10 _____

First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email(Athlete) _____

Emergency Phone Contact _____

Birthdate (important) _____ Sex M F (Circle)

For Junior Paddlers

Parents/(Guardian) Names _____

Address if different from above _____

Contact Email _____

A liability waiver form must be signed.

THE UNDERSIGNED AGREES TO ABIDE BY CLUB POLICIES SET FORTH BY THE BOARD OF DIRECTORS OF THE HAWAII CANOE & KAYAK TEAM AND UNDERSTANDS THAT HCKT RESERVES THE RIGHT TO REVOKE MEMBERSHIP AT ANY TIME DUE TO DIRECT OR FLAGRANT VIOLATION OF CLUB RULES AND REGULATIONS GOVERNING CONDUCT AND USE AND PROPER CARE OF THE EQUIPMENT. THE UNDERSIGNED IS ALSO ACKNOWLEDGING THAT THEY ARE A COMPETENT SWIMMER.

PRINT NAME _____

SIGNATURE _____ DATE _____

Witnessed by _____ DATE _____