



## 2016 He'e Nalu OCC Member Registration Form

Paddler Name \_\_\_\_\_ Gender: M / F Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

\_\_\_\_\_ Check here if you do NOT want your contact info shared with other club members.

### **Emergency Information:**

He'e Nalu requires information to better handle an emergency regarding the health or safety of the above listed Paddler. This information will remain confidential and will only be used as needed to assist the athlete. We request that you inform us in writing of future changes to the information provided below.

Do you have any health problems that require regular medication or that could be an impairment and/or be aggravated by this sport? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe the health issue, symptoms and ongoing treatment (please print):

\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Can you swim? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, at what level? \_\_\_\_\_ beg \_\_\_\_\_ int \_\_\_\_\_ adv

Current AHA or American Red Cross Cardholder? \_\_\_\_\_ CPR \_\_\_\_\_ First Aid Certified EMT? \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Code of Conduct:**

This is to certify that I, \_\_\_\_\_, as a participant in He'e Nalu Canoe Club activities:

- Have signed and returned all forms and waivers/releases PRIOR TO any paddling practice or any use of He'e Nalu equipment
- Have paid club membership fee or arranged to do so
- Will comply with all decisions made by the He'e Nalu Board and/or coaching staff
- Have read and will adhere to club rules and policies in the He'e Nalu Outrigger Canoe Club Policy and Procedure Manual, available at [www.heenaluocc.org](http://www.heenaluocc.org)

Paddler Name (please print) \_\_\_\_\_

Paddler Signature \_\_\_\_\_ Date: \_\_\_\_\_

Custodial Guardian Signature (if <18 yrs.Old) \_\_\_\_\_ Date: \_\_\_\_\_