



LANIKAI CANOE CLUB REGISTRATION FORM
2010 Regatta Season

LEGAL Name: _____ **Birth Date:** _____ **Age as of 1/1/2010** _____

Sex: M _____ F _____ **Address:** _____

Primary Phone: _____ **Secondary Phone:** _____

E-Mail: _____

Emergency contact name and phone no.: _____

Do you have any medical problems? ____ **If yes, please specify** _____

Personal physician name and phone number: _____

IMPORTANT!!! CAN YOU SWIM? YES ____ **NO** ____

Have you ever paddled for Lanikai Canoe Club? _____ **If yes, list most recent year:** _____

List All Classifications: _____

Are you transferring from another canoe club within the state? _____ **If yes, list most recent year you paddled:** _____

Specify club and classifications: _____

If Novice B, did you race? _____ **If Novice A, how many years in this division?** _____

Have you ever paddled for (check all that apply):

ILH _____ **OIA** _____ **Na 'Opio** _____ **An out-of-state club** _____

Youth Paddlers ONLY – Please check the box if you would like to apply for scholarship assistance. \$50 earnest deposit required.

Two ways you can help Lanikai Canoe Club and its membership:

A LCC scholarship fund has been established to assist youth paddlers who need assistance with registration dues. If you would like to make a donation to support our youth paddlers, please check the appropriate amount. Mahalo nui for your support.
\$5 _____ \$10 _____ \$15 _____ \$20 _____ \$ _____ Other (please specify amount)

LCC strives to keep its fees affordable and provide well-maintained equipment for all its paddlers. If you would like to make a donation to support the improvement of the club equipment, please check the appropriate amount. Mahalo nui for your support.
\$25 _____ \$50 _____ \$75 _____ \$100 _____ \$ _____ Other (please specify amount)

ADULT PADDLER'S SIGNATURE: _____ **Date:** _____

For youth 18 years and under:

I/We, the undersigned, agree to allow _____ to participate in the Lanikai Canoe Club 2010 paddling season.

Parent Signature: _____ **Date:** _____

For Registration Personnel Use Only: Receipt # _____