

## KUPA'A MAU OCC MEMBERSHIP FORM

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

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

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

### Contact Information

Home phone: (    ) \_\_\_\_\_ Work phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Other: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Please check which of the following is/are OK to publish (for general club distribution only):

Home phone             Work phone             E-mail address             Cell phone             None

You are a(n):  active duty military/family member (which branch? \_\_\_\_\_)     Civilian

Do you have experience paddling (canoes, kayaks, surfskis, etc.)?  Yes  No    If yes, how much? \_\_\_\_\_

Have you been a member of any other outrigger paddling club or paddling association?     Yes     No

If yes, for which club/association? \_\_\_\_\_

Can you swim?  Yes  No    If yes, at what level:  beginner\*             intermediate\*\*             advanced\*\*\*

\* Not comfortable with head underwater and may need help if boat hules.

\*\* Can help if boat hules. Comfortable in the water and can swim laps.

\*\*\* Can take care of themselves and others. You have participated in competitive swimming or professional lifeguard.

### CLUB RULES AND POLICIES: All KMOCC Members shall:

1. Have all KMOCC and SCORA forms and waivers/releases signed and returned prior to any paddling practice or any use of the KMOCC equipment or facilities.
2. Pay Club participation fees as scheduled by the Board of Directors and stated in the KMOCC Bylaws.
3. Comply with all scheduling, team selection, or any other organizational or instructional decisions made by the KMOCC coaching staff.
4. Be ready, willing, and able to volunteer for equipment upkeep, administrative assistance, and/or fundraising efforts.
5. NOT assume or use, borrow, possess, loan to, or take command of any equipment/assets that the KMOCC team either owns or is responsible for, without the express permission of the KMOCC Board.
6. Respect all KMOCC equipment and the rights/private property of all KMOCC members at all times.
7. Have all the privileges afforded by this membership as long as all KMOCC rules and/or payments are adhered to.

TERMS: This Membership Agreement shall be valid only for as long as the individual remains in good standing with the Club and complies with all the KMOCC Bylaws, Rules, and Policies.

UNIFORMS: All KMOCC racing paddlers will be required to purchase their own racing uniforms (cost not included in participation fees). All KMOCC racing paddlers will be required to bring and wear their racing uniform at all races.

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

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

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

## KUPA'A MAU OCC MEDICAL AND EMERGENCY INFORMATION

Paddler: \_\_\_\_\_

KMOCC requires information to better handle an emergency regarding the health or safety of the above-listed paddler. This information shall 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.

Please list current physical activities, frequency, and intensity level (light, moderate, intense) (e.g., "swimming, 3x/week, moderate"): \_\_\_\_\_

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

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 illness, symptoms, and ongoing treatment (please print): \_\_\_\_\_

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

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

Allergies: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Name of medical insurance company (include policy information): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information (Please list contacts in order of importance)

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

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

Day phone: (    ) \_\_\_\_\_ Evening phone: (    ) \_\_\_\_\_

Other: \_\_\_\_\_

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

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

Day phone: (    ) \_\_\_\_\_ Evening phone: (    ) \_\_\_\_\_

Other: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Paddler's Birth Date: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Medical Background/Training

Are you a current AHA or American Red Cross cardholder?  Yes  No If yes, check as applicable:  CPR  First Aid

Certified EMT?  Yes  No

Please list other medical training: \_\_\_\_\_

\_\_\_\_\_