



Kai Oni Canoe and Athletics Inc  
25 Kailua Rd. Kailua Hi 96734  
[kaioniathletics.org](http://kaioniathletics.org)

Aloha!

Welcome to Kai Oni Canoe Club's Inc, 2019 Regatta Season. The packet provided consist of Registration, Generalize Health Information, Waivers, Insurance, Dues, and Race Schedule. These forms help provide the club necessary information for you to join. We look forward to the 2019 Regatta Season, March through August, followed by the Long Distance Season which ends in October. We will provide additional information to inform members of practice days and times based on membership sign-up, ages, divisions, etc. Any questions you may have at this time may be directed to Head Coach, David Kalama, or Assistant Coach, Kimberly Kalama at (808) 853-0772. Please see the [kaioniathletics.org](http://kaioniathletics.org) webpage for more information of our club and members. We look forward to a fun and exciting year.

Mahalo,  
David Kalama



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### Associate Membership Registration 2019

Name: \_\_\_\_\_  
Last, First, MI

Nickname: \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

School or Employer: \_\_\_\_\_

T-Shirt Size: Adult (circle one) S M L X-L 2-X 3-X  
Child (circle one) Y-XS Y-S Y-M Y-L

Can you swim? Yes  No

Have you ever competed In a six-seat outrigger canoe competition? Yes  No  If yes, what classification? \_\_\_\_\_. What club? \_\_\_\_\_ year: \_\_\_\_\_

Emergency Contact: List other parties that Kai Oni Canoe & Athletic Club, Inc. is authorized to contact and release you or your child to in an emergency situation:

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

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Hospital preference: \_\_\_\_\_

Insurance: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Subscriber#: \_\_\_\_\_ Group #: \_\_\_\_\_

List any medical conditions/ allergies/ medications that we should be aware of:

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



\*\*\*MEDICAL RELEASE AUTHORIZATION\*\*\*

It is the policy of Kai Oni Canoe & Athletic Club, Inc. to contact the family of the paddler regarding medical treatment if the paddler is injured or becomes ill. In case of an emergency I give consent to have me/my child transported for treatment to the closest source of medical aid at the discretion of the Coach or person in charge. I agree to assume all responsibility for medical and dental care of myself/ my child/ ward while I/they are involved in the activities of Kai Oni Canoe & Athletic Club, Inc. I authorize the City and County of Honolulu Emergency Responders to administer appropriate treatment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

TO BE COMPLETED FOR ALL MINOR APPLICANTS: (Anyone Under the Age of 18)

I, \_\_\_\_\_, (Parent/Guardian) of

\_\_\_\_\_do hereby authorize my child to participate in the 2016 canoe racing season as an associate member of Kai Oni Canoe & Athletic Club, Inc.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### 2019 MEMBERSHIP DUES AND ASSESMENTS

#### ADULTS

HCRA & OHCRA DUES	\$5	
KAI ONI MEMBERSHIP	\$25	
RACE FEES	\$45	
INSURANCE	\$25	
T-SHIRTS	\$20	
EQUIPMENT & MAINT.	\$30	
	\$150	TOTAL FEE

#### CHILDREN (17YRS. & UNDER)

HCRA & OHCRA DUES	\$5	
KAI ONI MEMBERSHIP	\$15	
RACE FEES	\$45	
INSURANCE	\$25	
T-SHIRTS	\$20	
EQUIPMENT & MAINT.	\$15	
	\$125	TOTAL FEE

