PUNA CANOE CLUB

Application for membership Minor Application

Name:		Nickname:	
City:Zip Code:			
hone #:Cell Phone #:			
•			
Have you paddled for Club Name/Years pa			
(Note: If you paddled	l for another clu	b, you must obtain a release anoe Club, including Outer Isl	
Authorization/Emerge	ency Medical Re	elease:	
hereby, certify that I am safeguard my health and COACHES, OFFICERS,	in good health. I d safety. Howeve MEMBERS OF T	ate in Puna Canoe Club activities can expect that all responsible mer, in the event of sickness or accepted BOARD, and/or PUNA CANCED hy hospital and/or physician to per	neasures will be taken to cident, I will not hold the DE CLUB responsible. I
Medical History: Asthma Allergies (Specify) Heart Condition Seizure (Fits)	Yes No	Serious Illness Bleeding Tendencies Kidney/Disease/Infection Contact Lenses/Glasses	
Currently on Medicati	on:		(Specify)
Comments:			
Type of Medical Cove	erage: #		
IN CASE OF EMERG			
	•		.,
Name	Relat	ionshipPh	#
Parent's Signature		Date	