

PUNA CANOE CLUB

Application for membership
Adult Application

Name: _____ Nickname: _____

Address: _____ M/F

City: _____ Zip Code: _____

Phone #: _____ Cell Phone #: _____

Email: _____

School/Occupation: _____

Have you paddled for any other club: Yes/No

Club Name/Years paddled: _____

(Note: If you paddled for another club, you must obtain a release before being able to participate in any event with Puna Canoe Club, including Outer Islands.)

Authorization/Emergency Medical Release:

I understand that I will be asked to participate in Puna Canoe Club activities though out the season. I hereby, certify that I am in good health. I can expect that all responsible measures will be taken to safeguard my health and safety. However, in the event of sickness or accident, I will not hold the **COACHES, OFFICERS, MEMBERS OF THE BOARD, and/or PUNA CANOE CLUB** responsible. In case of sickness or accident, I authorize any hospital and/or physician to perform emergency medical treatment on me.

<u>Medical History:</u>	Yes	No		Yes	No
Asthma	___	___	Serious Illness	___	___
Allergies (Specify)	___	___	Bleeding Tendencies	___	___
Heart Condition	___	___	Kidney/Disease/Infection	___	___
Seizure (Fits)	___	___	Contact Lenses/Glasses	___	___

Currently on Medication: _____ (Specify)

Comments:

Type of Medical Coverage: # _____

Physician/Ph# _____

IN CASE OF EMERGENCY, PLEASE CALL:

Name _____ Relationship _____ Ph# _____

Paddler's Signature _____ Date _____