

New Hope Canoe Club Ministry Registration Form

Personal Information:

First Name: _____ Last Name: _____ Gender: Male /Female
Street Address: _____ City: _____ Zip: _____
Phone: Home _____ Cell _____
Birth date: _____ *For Minors: Age on 1/1/2014:* _____
Email address: _____ *Parent(s) E-mail:* _____
Emergency Contact Name: _____ Phone: _____
Address: _____
Relationship to paddler: _____

Jersey Size (*circle one*): XS SM MED LG XL XXL
Jersey Style (*circle one*): Adult Children

Swimming Ability:

Can you stay afloat for 20 minutes, and confidently swim 100+ yards in open ocean conditions?
(*circle one*) YES NO UNCERTAIN
**NOTE: All paddlers, especially youth and Novice paddlers, for their own safety, will be REQUIRED to pass a swimming test before they can participate in paddling activities.*

Paddling History: (*Read carefully before answering. If you don't know, please ask.*)

Have you paddled or raced for any sanctioned canoe club in the past? (*circle one*) YES NO

If yes, name and year of the last club you paddled for _____

What was the *LAST* classification and/or age group you paddled in? (*Check all that apply*)

Keiki (*age*) ___ Novice B ___ Novice A (*indicate 1st or 2nd year*) ___
Freshman ___ Sophomore ___ Junior ___
40s ___ 50s ___ 55s ___ 60s ___ 65s ___

I understand that if I willfully and knowingly misrepresent my paddling/racing status and participate in a racing event under these circumstances, NHCCM will be fined \$300.00 for violating OHCRA race rules regarding an "Illegal Paddler." This \$300.00 will be charged to my account, and I will not be able to transfer to another club until paid in full. _____ (*Initial*)

Regatta Members: I understand that club membership/registration fees are payable on or before April 1, 2014, and there will be **NO** refunds of fees after May 1, 2014. _____ (*Initial*)

I understand that if I register after April 15, 2014, I may not receive a jersey. _____ (*Initial*)

"I affirm that the registration information was answered honestly and in good faith. I will be solely responsible for any/all willful or knowing representations."

Signature of paddler: _____ Date: _____

Signature of Parent, if paddler is a minor: _____ Date: _____

New Hope Canoe Club Ministry Medical Questionnaire

1. Do you have medical insurance? (circle one) YES NO

2. If yes, check one: HMAA ___ HMSA ___
 KAISER ___ UHA ___ TRICARE ___ QUEST ___ OTHER _____

3. Physician/Clinic name: _____ Phone: _____

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS? *Check yes or no for each question.*

DIAGNOSIS	YES	NO	EXPLAIN
Asthma			
High or Low Blood Pressure			
High cholesterol			
Angina or coronary artery disease			
Irregular heart beats			
Abnormal heart valve conditions			
Other heart disease			
Kidney disease			
Liver disease			
Seizure disorder (epilepsy)			
Back pain or prior back injury			
Arthritis: arms, shoulders, hips, knees			
Diabetes or high blood sugar			
Low blood sugar (hypoglycemia)			
Thyroid disease			
Visual/eye problems			
Skin cancer, or sunburn easily			
Bruise/bleed easily, clotting problems			
Do you get seasick easily?			
Other medical conditions			

Are you currently taking any medications? (circle one) YES NO

If yes, please list: _____

Are you allergic to any medications, food, or environmental items? (circle one) YES NO

If yes, please explain: _____

Mission Statement "Reaching people, touching lives, paddling HIS canoe with ALOHA that glorifies God."