



Division _____

Adult Registration Form

Name: _____ Email: _____

Mailing Address: _____

Sex: ___ Female ___ Male Age: _____ Birthdate: ___/___/___ Phone: _____

Ethnicity (Optional - Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian |

Do you have any health conditions we should be aware of? If so, please explain:

Occupation/Special Skills: _____

Paddling Experience:

- | | | |
|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> 1 Year |
| <input type="checkbox"/> 1-3 Years | <input type="checkbox"/> 4+ Years | <input type="checkbox"/> Other: _____ |

Can you swim? Yes No

If you last paddled with another club, which one? _____ Year: _____

Please check which regattas you will be able to attend (to the best of your knowledge):

- 6/3 Dougie Tihada Memorial – Hanaka’o’o
- 6/10 Naleieha – Hanaka’o’o
- 6/17 Moki Kalanikau – Ka Lae Pohaku
- 6/24 John Wilmington III – Kahului Harbor
- 7/8 Mayor’s ‘Umeke – Kahului Harbor
- 7/15 John M. Lake – Kahului Harbor**
- 7/22 Kamehameha (Championships) – Hanaka’o’o
- 8/5 State Regatta – Hanaka’o’o

Office Use ONLY	
<input type="checkbox"/>	HCRA WAIVER/REGISTRATION FORM
<input type="checkbox"/>	PHOTO
<input type="checkbox"/>	ID
<input type="checkbox"/>	DUES
	REGATTA
	DISTANCE
Amount paid: _____	
Method: _____	

How can you kōkua? (Please select at least 2)

- | | | |
|---|---|---|
| <input type="checkbox"/> Division Secretary | <input type="checkbox"/> Hale/Equipment Repair | <input type="checkbox"/> Donate Food/Supplies/Money |
| <input type="checkbox"/> MCHCA Board/Official | <input type="checkbox"/> Boat Holding | <input type="checkbox"/> Registration |
| <input type="checkbox"/> ‘Aha ‘Aina Dinner (7/23) | <input type="checkbox"/> John M Lake Regatta (7/15) | <input type="checkbox"/> Pailolo Challenge (9/16) |
| ___ Decor | ___ Set Up/Break Down | ___ Sponsorship |
| ___ Silent Auction Committee | ___ Food Donation | ___ Registration |
| ___ Table Sales | ___ After Party | ___ Canoe Pick Up & Towing |
| ___ Set Up/Break Down | <input type="checkbox"/> Sponsorship | ___ Logo Wear |

Do you have any particular/special skills that will benefit the club? _____

HCC Mission

To perpetuate and preserve the art of Hawaiian canoe paddling by providing an environment rooted in traditional Hawaiian values that promotes personal growth, character development, and achievement in physical fitness.

Member Kūleana

Respect the coaches—they volunteer and commit their time to the club
 Respect each other and the paddling community—*competition is on the water only*
 Take responsibility for the hale, the equipment, and the grounds
 Abide by club and association policies and rules

Participate in club fundraisers and events
 Pay dues and other financial responsibilities
 Arrive early at regattas to set up tent, rig canoes, hold boats and cheer on our keiki
 Abide by drug and alcohol policies, no smoking around hale or in parking lot

CLUB > CREW > YOU

I agree to promote the mission of Hawaiian Canoe Club and take on the kūleana of being a member of Hawaiian Canoe Club. I acknowledge my failure to act pono and follow club rules and values may result in my membership revocation by the Board of Directors.

Date: _____

PLEASE SIGN HERE

Black or blue ink ONLY.