

DATE: _____ PAID BY: CASH _____ CHECK _____ AMT: _____ Rec'd By: _____
 PMT Dates: 1 _____ 2 _____ 3 _____ PMT Rec'd: 1 _____
 2 _____ 3 _____ Vehicle Pass #: _____ Club Shirt PMT: _____
 1 _____ 2 _____ 3 _____ 2026 HCRA Waiver: ID: Drivers Lic. State BC
 Passport Scholarship: _____



2026 SEASON REGISTRATION



Kapilina Beach Homes

*** INSTRUCTIONS: PLEASE PUT DUES IN AN ENVELOPE WITH NAME AND IDENTIFY RACER OR RECREATIONAL; SEPARATE ENVELOPE PER PERSON FOR FAMILIES.**

PADDLER INFORMATION

Full Name _____ Membership Type
 (\$200)Adult Racer _____ Keiki (\$150) _____
 Date of Birth ____ / ____ / ____
 Gender Male Female Recreational (\$150) _____
 Home Address _____
 City _____ Zip Code _____
 Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____
 Home Phone _____ Work/Cell Phone _____
 Emergency Contact Name _____ Emergency Phone _____
 Relationship to paddler _____ Alternate Phone _____

MEDICAL INFORMATION

Does your paddler suffer from a health condition that threatens their life? Yes No
 If yes, please explain _____
 Is your paddler in need of medication at during practices or races? Yes No
 If yes, please explain _____
 Can you tread water? Yes No
 Swim level: Unable to swim Basic Good Excellent

CANOE CLUB HISTORY

Have you Paddled for another canoe Club? Yes No
 If yes, please provide details. _____

T-SHIRT ORDER

Note: Separate cost from membership \$35 (\$5 more for sizes 2xl & higher)

Style	Women's	Size/Qty	Men's	Size/Qty	Keiki	Size/Qty
Short Sleeve	<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____
Long Sleeve	<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____
Racer	<input type="radio"/>	_____	N/A		N/A	

Paddler/Parent Printed Name _____ Paddler/Parent Signature _____ Date ____ / ____ / ____