



Annual Membership Application

PO Box 337, Pebble Beach, CA 93953
www.kekaiouhane.org
board@kekaiouhane.org
(831) 298-0693

New Member Returning Member Male Female

Date: _____ (Please print clearly)

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Rate your level of swimming ability:		
<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Date of Birth: _____ Age: _____

Do you have any objection to your contact information being published and/or distributed to other club members? Yes _____ No _____

Annual Membership Dues: Long Distant Deadline: March 15th		Sprint Paddlers Deadline: April 30th	
<u>Adult</u>		<u>Under 19 yrs</u>	
Full Membership	\$125.00	Junior Membership 19—Under:	\$60.00
Associate Membership:	\$110.00	Minors 18 and under members must have a parent / guardian join as a non-paddler associate member.	
Hula Membership:	\$110.00	Student:	\$80.00
Family Membership:	\$225.00 (max)	Must provide current school registration to be eligible.	
Must be in same household to qualify.			
Amount Paid: _____	Check: _____	Cash: _____	Credit Card: _____ (Credit card fee \$5.00)
Completed: _____	Waiver: _____	Picture: _____	POA: _____ License / Birth Certificate

Volunteering Agreement:

Ke Kai O'Uhane is a non-profit organization that participates in fundraising events throughout the year to help defray the costs of club operations. We rely on our members to participate and we are very appreciative for everyone's help.
I agree to participate in a minimum of *two* fundraising events during the season.

Signature: _____ Date: _____

Parent or Guardian Information:	
Parent / Guardian Name: _____	Relationship: _____
Home Phone: _____	Cell Phone: _____ Work Phone: _____
Email: _____	
Signature: _____	Date: _____

Your personal information collected is only used by Ke Kai O'Uhane authorized users for administration and communication purposes. We are committed to protecting your personal information and no unauthorized users will have access.



EMERGENCY CONTACT FORM

PO Box 337, Pebble Beach, CA 93953

www.kekaiouhane.org

board@kekaiouhane.org

(831) 298-0693

(Please print clearly)

First Name: _____ Last Name: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Family Physician:

Name: _____ Hospital: _____

Phone: _____ Address: _____

Insurance Carrier: _____ Policy / Group No. _____

Chronic or Recurring Illness:

Asthma

Diabetes

Heart Disease

Seizures

Other (specify): _____

Allergies: _____

Your Signature or that of Parent or Guardian

Date

Your personal information collected is only used by Ke Kai O'Uhane authorized users for administration and communication purposes. We are committed to protecting your personal information and no unauthorized users will have access.



Authorization of Transportation of Minor Child

PO Box 337, Pebble Beach, CA 93953
www.kekaiouhane.org
board@kekaiouhane.org
(831) 298-0693

Date: _____ (Please print clearly)

I give my permission to ALL responsible adult members of Ke Kai O'Uhane Outrigger Canoe Club to transport my child as listed herewith, _____ to and from practice, regattas, club related events and/or activities, when I am unable to supply transportation.

Printed Name of Minor Child

Printed Name of Parent or Guardian

Signature of Parent of Guardian

Authorization of consent to treatment of minor child:

Parent/Adult consent: In the event of an emergency, every effort will be made to contact a parent or emergency contact. If no contact can be made, I hereby give authorization to Ke Kai O'Uhane Outrigger Canoe Club to seek treatment of my child or myself by a licensed physician under the Medical Practice Act, pursuant to Section 25.8 of the California Civil Code.

It is understood that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Printed Name of Parent or Guardian

Signature of Parent of Guardian

Printed Name of Minor Child

Date of Birth

Phone number: _____

Email: _____

Your personal information collected is only used by Ke Kai O'Uhane authorized users for administration and communication purposes. We are committed to protecting your personal information and no unauthorized users will have access.

Ke Kai O'Uhane Outrigger Canoe Club



Multimedia Rights Release

I irrevocably consent to and authorize the use, reproduction and publication by Ke Kai O'Uhane Outrigger Canoe Club of Monterey County ("Ke Kai OCC" or "Ke Kai") - in any medium - of all forms of media content as indicated by me in this Media Release Form.

I also authorize the use of my name or, if I choose, a fictitious name, in connection with these photographs/recordings and acknowledge Ke Kai's right to copyright these materials, without compensation to me. I do expect Ke Kai to contact me in the event my image/recorded interview or performance is needed for a purpose other than those outlined below.

All negatives, positives, and prints of photographs in which my image appears, and all audio and video recordings, including social media, produced under the terms of this release shall constitute Ke Kai O'Uhane OCC's sole property or that of the agency that represents the Club.

Ke Kai O'Uhane OCC has the right to assign all rights granted to the Club by this release.

I release Ke Kai and the publishers of the photographs (and images made from those photographs) this day from all claims, including but not limited to claims for damages to my reputation or right of privacy resulting from publication of the photographs.

Date (mm/dd/yy): _____

Full Name: _____

Media types:

By checking the boxes below, I have given my consent to the use of the corresponding type of media content:

- Photograph(s)
- Videotaped interview/performance(s) including transcripts thereof
- Audio taped interview/performance(s) including transcripts thereof
- Social media sites

Do you agree to the above terms:

- Yes, I have read the release and agree to the terms outlined above.

Signature: _____

If under the age of 18, a parent or legal guardian must sign:

Name: _____

Signature: _____