



2018 EMERGENCY CONTACT FORM

PO Box 337, Pebble Beach, CA 93953

www.kekaiouhane.org

board@kekaiouhane.org

(831) 298-0693

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. _____

Do you have any chronic or recurring medical conditions that may prevent you from participating in paddling or hula activities? (Only Ke Kai O'Uhane Board Members, Coaches, and Alaka'i will have access to this information)

If you would like to provide any information about medical conditions you may have, please do so below.

Your Signature or that of Parent or Guardian

Date

Your personal information collected will only be viewed by Ke Kai O'Uhane OCC board members, coaches, and Alaka'i. We are committed to protecting your personal information and no unauthorized users will have access.