

PALE KAI OUTRIGGER (PKO) MEMBERSHIP FORM

Paddler Name: _____ Gender: M / F Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Contact Information

Home phone: () _____ Work phone: () _____ Cell: () _____

Other: _____ E-mail address: _____

Do you have experience paddling (canoes, kayaks, surfskis, etc.)? Yes No If yes, how much? _____

Have you been a member of any other outrigger paddling club or paddling association? Yes No

If yes, for which club/association and when? _____

Can you swim? Yes No If yes, at what level: beginner intermediate advanced

Club Maintenance Requirements

All members are required throughout the year to assist in canoe and equipment maintenance, site up-keep, and race day duties.

In addition, check at least one of the following boxes that you are skilled in, and/or want to learn about, and will participate in:

Transportation – trailer assistance Rigging – specialist Road and site clean-up Equipment repair

Kid's summer program - volunteer staff Pineapple Express committee member Other _____

CLUB RULES AND POLICIES: All PKO Members shall:

1. Have all PKO and SCORA forms and waivers/releases signed and returned prior to any paddling practice or any use of the PKO equipment or facilities.
2. Pay Club membership fees as scheduled by the Board of Directors and stated in the PKO bylaws.
3. Comply with all scheduling, team selection, or any other organizational or instructional decisions made by the PKO Board and/or coaching staff.
4. Be ready, willing, and able to volunteer for equipment maintenance, administrative assistance, race-hosting, and/or fundraising efforts.
5. NOT assume or use, borrow, possess, loan, or take command of any equipment/assets that the PKO club either owns or is responsible for, without the express permission of the PKO Board.
6. Respect all PKO equipment and the rights/private property of all PKO members at all times.
7. Have all the privileges afforded by this membership as long as all PKO Bylaws, Rules, Policies, and/or payments are adhered to.

TERMS: This Membership Agreement shall be valid only for as long as the individual remains in good standing with the Club and complies with all the PKO Bylaws, Rules, and Policies.

UNIFORMS: All PKO racing paddlers will be required to purchase their own racing uniforms (cost not included in membership fees). All PKO racing paddlers will be required to bring and wear their racing uniform at *all* races. The PKO uniform will adhere to the club's Name and Logo Use Policy.

Paddler Name (please print): _____

Paddler Signature: _____ Date: _____

Custodial Guardian Signature (if < 18 yrs old): _____ Date: _____

PALE KAI OUTRIGGER (PKO) MEDICAL AND EMERGENCY INFORMATION

Paddler Name: _____

PKO requires information to better handle an emergency regarding the health or safety of the above-listed paddler. This information shall remain confidential and will only be used as needed to assist the athlete. We request that you inform us in writing of future changes to the information provided below.

Please list current physical activities, frequency, and intensity level (light, moderate, intense) (e.g., "swimming, 3x/week, moderate"): _____

Do you have any health problems that require regular medication or that could be an impairment and/or be aggravated by this sport? Yes No If yes, please describe the illness, symptoms, and ongoing treatment (please print): _____

Medications: _____

Allergies: _____

Date of last tetanus: _____

Name of medical insurance company (include policy information): _____

Emergency Contact Information (Please list contacts in order of importance)

Name: _____

Relationship: _____

Day phone: () _____ Evening phone: () _____

Other: _____

Name: _____

Relationship: _____

Day phone: () _____ Evening phone: () _____

Other: _____

Doctor's Name: _____ Doctor's Phone: () _____

Paddler's Birth Date: _____ Blood Type: _____

Medical Background/Training

Are you a current AHA or American Red Cross cardholder? Yes No If yes, check as applicable: CPR First Aid

Certified EMT? Yes No

Please list other medical training: _____
