

EMERGENCY CONTACT FORM

Oahu Hawaiian Canoe Racing Association

THIS FORM MUST BE TURNED IN WHEN YOU REGISTER

PARTICIPANT'S NAME: _____ DOB: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Medical Insurance Coverage: HMSA _____ KAISER _____ HMA _____ OTHER _____

Physician's Name: _____ Hospital: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

1) Name: _____ Relationship: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

2) Name: _____ Relationship: _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____



KEA PAIANA: (808) 386-5327