



EMERGENCY CONTACT FORM  
Hawaiian Canoe Racing Association

THIS FORM MUST BE TURNED IN WHEN YOU REGISTER

PARTICIPANTS NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ ( Unit ): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work : \_\_\_\_\_ Cell : \_\_\_\_\_

Medical Insurance Coverage: HMSA \_\_\_\_\_ KAISER \_\_\_\_\_ HMA \_\_\_\_\_

OTHER \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ (Unit): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work : \_\_\_\_\_ Cell : \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ (Unit): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work : \_\_\_\_\_ Cell : \_\_\_\_\_

Turn in at registration.