

# EMERGENCY CONTACT FORM

Oahu Hawaiian Canoe Racing Association

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

Street Address: \_\_\_\_\_ (Apt. #): \_\_\_\_\_

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

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

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

**Physician's Name:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_

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## 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 #: \_\_\_\_\_