



Kamehameha Swim Club/Hawaii Kai Tryout Form

Athlete Name: _____

Birth date: _____ Age: _____ Male _____ Female _____

Parent/Guardian Name: _____

Phone: (H) _____ (C) _____ (W) _____

E mail Address: _____

Are you an Oahu Club Member? () No () Yes

Previous USA swim team experience? () No () Yes USA Swim Team Name: _____

Have you taken swim lessons at the Oahu Club? If so, instructor's name: _____ Date: _____

If I do not name a doctor or if she/he cannot be contacted, I authorize the Oahu Club to contact any available doctor for treatment at my expense. In making this application, I agree to observe all rules and regulations established by the Oahu Club. In using this facility, I agree that I, my family members, and my guest assume the risk of any damages or injury suffered in connection with or while engaged in any projects, function or activities of the Club and in regards, I agree to hold harmless Life Port Hawaii Co. LTD, the Oahu Club and the Trustees of the Bernice Pauahi Bishop Estates and each of their Parent, Subsidiary and affiliated companies, agents, and employees, their Predecessors, successors, and assign from any and all claims, demands suits actions, cost or cause of any kind or character arising from use.

Signature: _____

Date: _____

Staff: _____