

HOW TO REGISTER

1. One form per person, please.
2. Complete registration form.
3. Review Terms & Conditions.
4. Sign Waiver of Liability.
5. Submit Form to BORA.

MEMBERSHIP INCLUDES EDUCATION, TRAINING AND PHYSICAL CONDITIONING.

1. Overview of Hawaiian Outrigger Canoeing (history, boat design, parts of canoe).
2. Training to Proficiency Rigging/Unrigging Outrigger Canoe.
3. Training to Proficiency in Paddling Techniques.
4. Training to Proficiency in every seat (stroker, engine room, steersperson).
5. Two structured practice sessions per week with specific goals.
6. Nautical Rules of the Road & Water Safety.
7. Additional Training as necessary to meet defined goals.
8. Opportunity to compete in East Coast Outrigger Racing Association (ECORA) races.
9. Bring a friend opportunities separate from scheduled practices (as available).
10. Effective use of time & improved performance for every level of experience.

Terms and Conditions of Registration:

1. Only complete forms will be accepted. Payment in full must accompany the registration form.
2. Participants must be able to swim 100 yards in a competent manner and can remain afloat for at least five minutes.
3. Participants must be at least 12 years old. Participants under 18 years old must have parental or guardian approval.
4. Schedules are filled on first come first-served basis. Please register early to avoid disappointment.
5. All schedules are subject to revision or cancellation. In case of cancellation, you will receive full refund.
6. A fee of \$20 will be assessed for returned checks.
7. Registrations will **NOT** be accepted by phone.
8. Once we have received your completed registration form and payment, we will send you a confirmation card.

BOSTON OUTRIGGER RACING ASSOCIATION WAS FOUNDED IN 2001



CHALLENGE, EXCITEMENT AND FUN!
POSITIVE ATTITUDES & TEAM BUILDING
IMPROVED PHYSICAL HEALTH



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BOSTON OUTRIGGER RACING ASSOCIATION REGISTRATION FORM

✂ Last Name: _____ First Name: _____ Parent/Guardian Name (for participants under 18): _____

Street Address: _____ Apt: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Other Phone/Ext: _____

Date of Birth (mm/dd/yy): _____ Occupation: _____

Email: _____ Would you like to be included on BORA's e-mail list to receive important BORA information? yes no

HEALTH INFORMATION

Do you have any physical disorder or health condition (such as asthma, diabetes, heart problems, seizures or back, joint or muscle problems) or any condition that may affect your ability to paddle safely, or that your coach should know about?

Please check one: yes no
If yes, please explain:

WAIVER OF LIABILITY (signature required)

I understand that my participation involves paddling in an open craft in a physically demanding activity where there may be unusual risks to my health and safety. In addition, I understand that certain on-shore activities such as carrying boats, may pose unusual risks to my health and safety. My decision to participate in this program is made by me in full recognition of these risks and is entirely voluntary. I represent that I am in adequate physical condition to participate in these activities and that I will notify my coach if I have or I develop any physical problem or health condition that may affect my ability to participate in these activities without posing a danger to my health or safety, or the health and safety of others. In consideration of your acceptance of this application, I hereby agree for myself, my executors, administrators and assigns to hold harmless **Boston Outrigger Racing Association**, its directors, officers, representatives, successors, agents and assigns from all liability on account of any injury, loss, claim or damage to my health, well-being or property during my participation in this program.

PAYMENT INFORMATION

2007 Membership is \$250
Please make checks payable to:

"Boston Outrigger Racing Association"

For Office Use Only!

Photo Release: I authorize Boston Outrigger to include my image on its promotional website yes no

Signature of Participant: _____ Date: _____ Signature of Parent/Guardian (for participants under 18): _____ Date: _____