

- Crews of 12 must have escort boat 22 feet or longer
- Escort boat must have mounted radio (VHF #72)
- Accident Report forms must be carried on escort boat
- Escort boat must have canoe racing number displayed on boat
- Canoes must have their racing number displayed on the right front of canoe
- Canoes must have a canvas racing cover
- CREW REQUIREMENTS:
Open, Masters 40, Unlimited crews consist of up to ten (10) paddlers.
Masters 50+, 55+ & Junior crews consist of up to twelve (12) paddlers.
- There is no permit to allow canoe trailers to park at Kaimana.
- Escort boats may NOT come in channel at OCC

START & COURSE: Lemans Start with 2 Heats

Clubs are assigned to a heat based on finish from previous years

- **First Heat- Pink 1-29 8:30am Start**
- **Second Heat – Yellow 30-60 8:40am Start**
- Canoes line up on the beach with 2 paddlers holding the canoe
- Start: The official boat will raise the Yellow flag – race will start within 1 minute.
HORN TO START FOR PADDLERS TO RUN TO CANOE AND GO
- Paddle out to sea, keepig Flat Island to your right.
- Right (non-ama) turn around orange buoy
- Head to through Lanikai to Smiths Point
- First change after Smiths Point.
- Jungle rules to the Channel at Outrigger
- Last change must be made before the Yellow Buoy near OCC channel
- Right (non-ama) turn around Yellow buoy
- Windsock must be on your right as you enter channel at OCC
- Finish between two orange triangle buoys inside the channel at OCC
- **In case of big surf and tide, start/course/finish may be modified. Notice given at coaches meeting**

AWARDS: 2:30pm at Outrigger Canoe Club

- Individual medals for 1st, 2nd and 3rd place in each division.
- Perpetual trophy for the following divisions first to finish
Open, Koa, Masters 40, 50, 55, Juniors
- Pareo for each crew member (Guaranteed only with early registration 8/23).

LUNCH: 1-3:00pm at Outrigger Canoe Club

- For **each crew member and one coach**-please be respectful, use buffet etiquette
- Cash bar available for purchase of beer and soda.

RACE INFORMATION:

- Web: outriggercanoecub.com OHCRA website
- OCC Telephone: 808- 923-1585
- Contacts: Paula Crabb: 808-389-6377 email: crabbp001@hawaii.rr.com

Intent to Participate Dad Center Canoe Race, August 28, 2016

COMPLETE ONLINE GOOGLE DOC FORM FOR OHCRA

MAIL ENTRY FEE AND INTENT BY AUGUST 23RD (to be guaranteed pareos and avoid late fee)

Paula Crabb

c/o Outrigger Canoe Club

2909 Kalakaua Ave., Honolulu, HI 96815

Check payable to: Outrigger Canoe Club

Canoe Club: _____

Contact Person: _____ CELL _____

Email Address: _____

\$375 per crew for Glass and Unlimited Divisions

\$275per crew for Koa Division

Division/Classification	Number of crews
Masters 50+, 55+ and Junior may use up to 12 paddlers	
A. KOA Open	_____
B. GLASS Open	_____
Masters 40+	_____
Masters 50+	_____
Masters 55+	_____
Junior 15-18	_____
C. UNLIMITED-OPEN CLASS- OPEN	_____
(HCRA specs)	
Total Entry Fee for all Crews	\$ _____

LATE REGISTRATION; \$50 assessed after August 27th, 11:00am

CANCELLATIO: \$30 assessed for any cancellations after August 27th, 11:00am

The undersigned canoe club representative agrees to indemnify Outrigger Canoe Club, its directors, officers and members from any claim for personal injury, death, or property damage made by a member of the above named canoe club, or any owner, or occupant of any escort boat used by the above named canoe club during the Dad Center Long Distance Canoe Race.

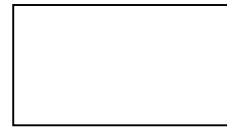
Print name of Coach/Club Representative

Signature

Date: _____

[
OUTRIGGER CANOE CLUB- DAD CENTER RACE

SUNDAY, AUGUST 28, 2016



CANOE NUMBR

(OFFICIAL USE ONLY) HEAT: _____

FINAL ENTRY

Club Name: _____ Crew Name: _____

Contact Person: _____ Phone: _____

DIVISIION:

KOA: Open _____

GLASS: Open _____ Masters 40+ _____ Masters 50+ _____ Masters 55+ _____ Junior _____

UNLIMITED-OPEN CLASS Open _____

Master 50+, 55+ and Junior may use 12 paddlers

Paddlers Names (PLEASE PRINT):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Canoe Name: _____

Color: Hull _____ Manu: _____ Canvas: _____

Owner: _____

Coach's Signature: _____



ESCORT BOAT AND/OR AUXILIARY BOAT (Official Vessel)

2016 WAIVER OF RESPONSIBILITY

In consideration of my participation in the OHCRA 2016 canoe racing season, as an official vessel / escort boat, I, the owner and operator of the vessel/escort boat listed, recognizing and understanding the risks attached to such participation in said canoe race, assume all and every risk of personal injury of damage to myself, my property and for the crew, and therefore agree to hold harmless, Hawaiian Canoe Racing Association, Oahu Hawaiian Canoe Racing Association, _____ Canoe Club, and all sponsors, their officers, agents, members, officials and participants of said race from any and all claims for personal injury to myself, my property or my crew, for any injury or damage, arising out of my participation in said canoe race, regardless of cause. In addition, I warrant that I am competent to act as a skipper/captain of this vessel/escort/motorboat, and the vessel/escort/motorboat being used in this event is seaworthy. I further agree that I will accept the directions of race officials and the official (if any) assigned to my vessel.

AFFIRMATION

We, the undersigned, agree with all the above and fully understand that affixing our signatures to the Waiver Form we affirm to be true.

******* Proof of Captain's License and USCG Certification Needed:*******

PRINTED NAME OF OWNER/OPERATOR OF VESSEL: _____

Signature: _____ **Date:** _____

Name of Helper, Print Name: _____

Signature: _____ **Date:** _____

Name of Helper, Print Name: _____

Signature: _____ **Date:** _____

BOAT INFORMATION: (Please complete this section accurately and completely.)

NAME OF BOAT: _____ HA#: _____

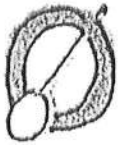
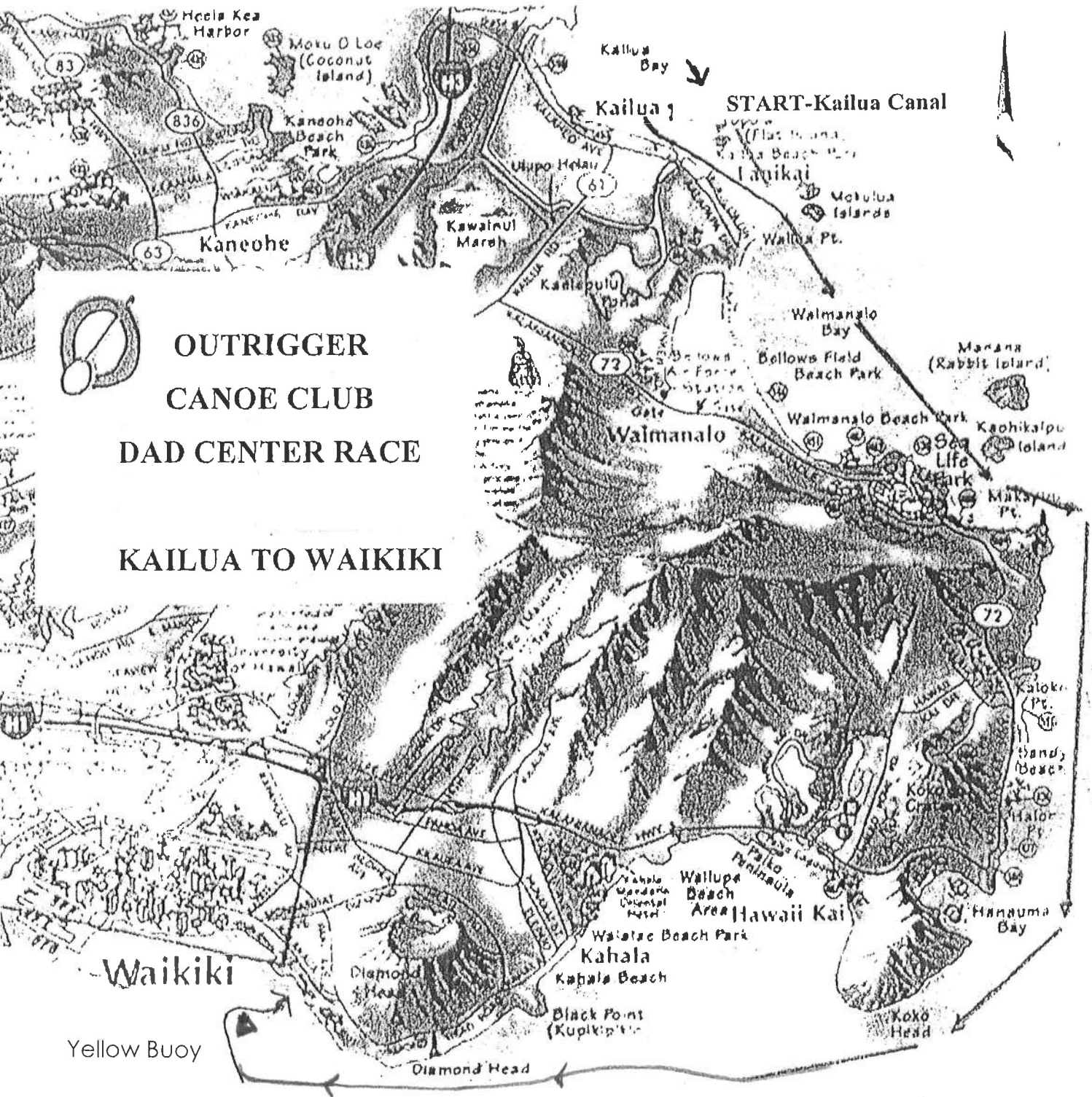
TYPE OF BOAT: (ie: Boston Whaler): _____ SIZE: _____ Feet

PRIMARY COLOR OF BOAT: _____


TYPE OF RADIO COMMUNICATION: (Marine Band two way radio must be mounted on boat per Coast Guard regulations)

Mounted VHF: yes _____ no _____ (no hand held radios) CELLULAR#: _____

Note: Escort boats not having a working, mounted VHF radio may cause crew disqualification. Cellular phone is used for back up communications only and service is expected to be intermittent other than close to shore.



**OUTRIGGER
CANOE CLUB
DAD CENTER RACE
KAILUA TO WAIKIKI**

 Diamond Head Buoy

FINISH AT OUTRIGGER CANOE CLUB
PADDLE AROUND THE YELLOW BUOY
 Keep Yellow Buoy to your right, non- ama side
 Last change must be made before the Yellow Buoy
ENTER THE CHANNEL, KEEPING WINDSOCK ON YOUR RIGHT
FINISH BETWEEN TWO ORANGE TRIANGLE BUOYS

IN CASE OF BIG SURF COURSE/FINISH MAY BE MODIFIED

PERSONAL INJURY ACCIDENT REPORT

(To be completed by injured party in complete detail)

Your Name: _____

Local / Hotel Address: _____ Phone: _____

Home Address: _____ Phone: _____

Occupation / Position: _____ Bus. Phone: _____

Your Date of Birth: _____ Social Security No: _____

Date of Accident: _____

Where did the Accident Happen (Please be Specific) _____

Please give a detailed description of the Accident (Use back of page if necessary) _____

Did anyone else witness the Accident? YES ___ NO ___ If so, who?: Use line(s) below

Name / Address: _____ Phone: _____

Name / Address: _____ Phone: _____

Name / Address: _____ Phone: _____

What were you doing when the accident happened? _____

Was any food or drink ingested? _____

YES ___ NO ___ If so, what type of food/drink was involved? _____

Was first aid administered? _____

YES ___ NO ___ If so, who provided it and what was provided: _____

Name and address of your Family Doctor _____

Name and address of Doctor who treated you for this Injury / Illness _____

Signature: _____ Date: _____

(Use back page if necessary)

PERSONAL INJURY WITNESS REPORT

(To be completed by witness to injury)

Name of witness: _____ (Check one) Passenger ____ Crew ____

Name of person injured: _____ Vessel: _____

Date of accident: _____ Time of accident: _____

Exact location of where accident occurred (Please be Specific) _____

Please give a detailed description of the Accident (Use back of page if necessary) _____

Weather and Sea conditions: _____

What were you doing at the time of the accident? _____

How far were you from the injured person? _____

Give identity of an other witnesses:

Name / Address: _____ Phone: _____

Name / Address: _____ Phone: _____

Name / Address: _____ Phone: _____

Was first aid administered? _____

YES ____ NO ____ If so, who provided it and what was provided: _____

Please describe the type of injury sustained: _____

Was the injured person take to a physician or hospital? YES ____ NO ____

Name / address of physician or hospital: _____

Additional information regarding the accident: _____

Signature: _____ Date: _____

Home address: _____ Home Phone: _____

Local hotel address: _____ Local Phone: _____

Employment position: _____ No. of years: _____

Work address: _____ Work phone: _____

(use back page if necessary)