

H.S.F / Y.M.C.A Kaua'i

2010/11 SURF SEASON

NUKUMOI Presents: SEASON OPENER

PRINCE KUHIO, POIPU

September 11/12, 2010 (alt. 9/18-19)

DATES, TIMES & LOCATIONS ARE SUBJECT TO CHANGE
RATINGS ARE BASED ON 3 OF 4 EVENTS. ALL EVENTS ARE POINT RATED.
TWO EVENTS ARE 2 DAYS & 2 EVENTS ARE 1 DAY ONLY.

CONTEST FORMAT:
4 MAN HEATS, ALL HEATS ARE 15 min. BEST OF 2 WAVES, 6 WAVES MAX.
FINALS ARE 15 min. BEST OF 2 WAVES, 8 WAVES MAX.

<u>DIVISIONS:</u>		
SB MENEHUNE 11 -UNDER	GIRLS L.B 17-UNDER	LONG BOARD OPEN
SB BOYS 12-13	SB GIRLS 14-UNDER	SUP OPEN
SB BOYS 14-15	SB GIRLS 14-15	BB BOYS 14 - UNDER
SB JUNIORS 16 -17	SB GIRLS 16-17	BB BOYS 15 -17
SB MEN 18-24	SB 4-A OPEN	
SB SENIOR MEN 25-OVER		

H.S.F MEMBER AND CONTEST FEES:
\$35.00 PER DIVISION, ADDITIONAL DIVISION: \$40.00
LATE ENTRY, \$50.00
MEMBERSHIP YEAR, \$75.00
NONMEMBER, \$110.00 (MUST BE A MEMBER TO COMPETE)

ENTRY FORM DEADLINE WEDNESDAY BEFORE THE EVENT
NO REFUNDS OR TRANSFER OF FEES :: ADDITIONAL CHARGES FOR NSF CHECKS
NO EXCEPTIONS

CONTEST WAIVER 2010/2011

LIABILITY & RELEASE WAIVER: In consideration of your acceptance of my entry, I hereby agree to indemnify and hold harmless the STATE OF HAWAII, The COUNTY OF KAUAI, H.A.S.S.A, H.S.F, Y.M.C.A, all sponsors, officials, administrators and participants associated with this event, from any and all liability, damages and or injuries which may be sustained from participation in the event. Finally, I understand that if I am under the age of 18, this form must be sign by a parent or guardian as well. I here by acknowledge that I have surveyed the contest site & wave conditions & I agree by signing this waiver that I have made a voluntary choice to participate in this event despite the risk factor of getting injured even unto the possibility of a life threatening event.

CONTESTANT SIGNATURE: _____

PARENT / GUARDIAN SIGNATURE: _____
(IF UNDER THE AGE OF 18)

NAME OF CONTESTANT: _____

DIVISION(S): _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **AGE AS OF 1/1/11:** _____

PHONE: _____ **EMAIL:** _____

MAKE CHECK PAYABLE TO:
H.S.F KAUAI
P.O. BOX 399 :: KAPAA, HI 96746