

# H.S.F / Y.M.C.A Kauai, 2010/11 SURF SEASON

Déjà vu / O'Neill Presents Contest #4, Kealia Beach Break

## CONTEST SCHEDULE

#1.PRINCE KUHIO, POIPU

#2.PINETREES, HANAIEI BAY

#3.INTERSECTIONS

#4.**KEALIA BEACH BREAK, KEALIA: March 26/27, 2011 alt. 4/2-3/11\***

STATE CHAMPIONSHIPS, ALA MOANA BOWLS: MAY 5 – 7, 2011

\*DATES, TIMES AND LOCATIONS SUBJECT TO CHANGE

**RATINGS FORMAT:** BASED ON 3 OF 4 EVENTS. ALL EVENTS POINT RATED. THREE EVENTS ARE 2 DAYS AND ONE EVENT IS 1 DAY ONLY.

**CONTEST FORMAT:** FOUR COMPETITOR HEATS, ALL HEATS 15min. BEST OF 2 WAVES, 10 WAVES MAX. FINALS ARE 15min. BEST OF 2 WAVES

### DIVISIONS: ENTRY, MEMBERS & AGE DIVISION 1<sup>ST</sup> CHANCE

SB MENEHUNE 11 –UNDER

L.B GIRLS 17 - UNDER

LONGBOARD OPEN

SB BOYS 12 - 13

SB GIRLS 13-UNDER

SUP OPEN

SB BOYS 14 - 15

SB GIRLS 14-15

B.B BOYS 14 - UNDER

SB JUNIORS 16 - 17

SB GIRLS 16-17

B.B BOYS 15 - 17

SB MEN 18 - 24

WOMEN 18 - OVER

SB 4-A OPEN **\$75.00 ENTRY**

SB SENIOR MEN 25-OVER

## H.S.F MEMBER CONTEST FEES

**\$35.00 PER DIVISION || ADDITIONAL DIVISION: \$40.00 || LATE/ BEACH ENTRY: \$50.00**  
**MEMBERSHIP YEAR: \$75.00 || NONMEMBER: \$110.00 (MUST BE MEMBER TO COMPETE)**

**ENTRY FORM DUE WEDNESDAY BEFORE 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 CONTESTANT UNDER AGE OF 18)

**NAME OF CONTESTANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **AGE AS OF 1/1/11:** \_\_\_\_\_

**DIVISION:** \_\_\_\_\_

**EMAIL/PHONE:** \_\_\_\_\_

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