

H.S.F / Y.M.C.A Kauai, 2009 / 10 SURF SEASON

CONTEST SCHEDULE

DÉJÀ VU / O'NEILL, RUSTY present:

- #1. PRINCE KUHIO, POIPU
- #2. PINETREES, HANAIEI BAY
- #3. INTERSECTIONS, KEKAHA
- #4. KEALIA BEACH BREAK, KEALIA

END OF SEASON

COMPLETED
COMPLETED
COMPLETED

APRIL 3/4 2010 (ALT. 4/11-12)

STATE CHAMPIONSHIPS, ALA MOANA BOWLS

MAY 2010

DATES, TIMES & LOCATIONS ARE SUBJECT TO CHANGE. RATINGS BASED ON 3 OF 4 EVENTS.

ALL EVENTS ARE POINT RATED. ALL 4 EVENTS ARE 2 DAYS & ALL FINALS ON SUNDAY.

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.

DIVISIONS

MENEHUNE 11-UNDER
BOYS 12-14
JUNIOR MEN 15-17
OPEN MEN 18-24
MASTERS 25-34
SENIOR MEN 35-OVER

GIRLS L.B 17-UNDER
GIRLS 17-UNDER
4-A OPEN
SUP OPEN
LONG BOARD OPEN

BOYS B.B. 14-UNDER
JUNIOR B.B. 15-17

H.S.F MEMBER 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 DEADLINE: THURSDAY BEFORE EVENT

CONTEST WAIVER

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 that this form must be signed by a parent or guardian as well. I hereby acknowledge I have surveyed the contest site and 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: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **AGE AS OF 1/1/10:** _____

DIVISION(S): _____

EMAIL/PHONE: _____

MAKE CHECK PAYABLE TO: H.S.F KAUAI, P.O. BOX 1194 WAIMEA, HI. 96796

NO REFUNDS OR TRANSFER OF FEES. ADDITIONAL CHARGES FOR NSF CHECKS