

**WORLD DEAF SURFING CHAMPIONSHIP  
HONOLULU, HAWAII 2009**

**ENTRY REQUIREMENTS**

**Please mail completed contest entry forms with money order or check, a copy of your hearing loss medical, AND a 2X2 inch photo:**

**Mail to:**

**United States Deaf Surfriders Associations  
Attn: Raymond & Florence Rapozo, WDSC Co-Directors  
PO Box 89469  
Honolulu, Hawaii 96830**

1. All competitors must submit a contest entry form, emergency contact & release of liability form, a copy of an audiogram (hearing loss medical), and a photo. Competitors will not be entered in WDSC 2009 until all documents and payment are received.
2. All competitors must be 18 years old or above to sign and provide consent. Competitors under the age of 18 must have parent or guardian's signature/consent.
3. Competitors must have a hearing loss of at least 55 db in the better ear (3-tone frequency average at 500, 1000 and 2000 Hertz, ISO 1964 Standard).
4. Faxed or phoned entries will NOT be accepted. Entry forms may be sent via email. Please mail the original documents with payment within 3 days of the email. If your payment and original entry forms are not received, your place in the contest may be given to another competitor. (Email: [hideafsurf@gmail.com](mailto:hideafsurf@gmail.com))
5. All personal checks or money orders are payable to:  
For: **UNITED STATES DEAF SURFRIDERS ASSOCIATION**  
Memo: **WDSC Hawaii 2009**
  - Personal checks will be accepted only if from the United States and are subject to a USD\$25 returned check fee.
  - All other payments must be submitted in the form of international money orders or a money order from a United States bank. It is the individual's responsibility to claim any rejected money orders.
6. No refunds will be made unless a medical certificate or family health condition emergency is submitted.
7. All competitors must be a current member of an organization affiliated with the International Deaf SurfRiders Association (IDSA).
  - If your country does not have an established organization (i.e. JDSA, USDSA, DABA, or others), there will be a USD\$25.00 fee for IDSA membership.
  - Affiliation with a recognized organization is required for WDSC competition. Direct membership of IDSA is only allowed if your country does not have a deaf surfing organization. Competitors in Australia, Japan, and the United States are required to be a member of their national association. This is in compliance of the rules and agreements of IDSA. Contact us at [hideafsurf@gmail.com](mailto:hideafsurf@gmail.com) for more information.
8. You must agree to the standard contest rules of the International Surfing Association. The rule book may be found online at: <http://www.isasurf.org/files/ISArulebook092508.pdf>

# WORLD DEAF SURFING CHAMPIONSHIP HONOLULU, HAWAII 2009

## CONTEST ENTRY FORMS

### I. PROFILE INFORMATION

1. FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_
2. HOME ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_
3. AGE \_\_\_\_ M \_\_\_\_ F \_\_\_\_ NUMBER OF YEARS SURFING EXPERIENCES \_\_\_\_\_
4. WERE YOU INVOLVED WDSC'S SURFING CONTEST BEFORE? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, WHERE AND WHAT YEAR? \_\_\_\_\_
5. ARE YOU A MEMBER OF INTERNATIONAL DEAF SURFRIDERS ASSOCIATION (IDSA)? YES OR NO  
IF NO, COMPETITORS MUST SUBMIT A USD\$25.00 IDSA MEMBERSHIP FEE PRIOR TO CONTEST ENTRY.

### II. CONTEST ENTRY FEES

| PLEASE SELECT | CONTEST ENTRY         | BEFORE APRIL 30, 2009 | MAY 1 TO JUNE 30, 2009 | AT THE BEACH ENTRY |
|---------------|-----------------------|-----------------------|------------------------|--------------------|
|               | 1 <sup>ST</sup> ENTRY | \$50.00               | \$75.00                | \$100.00           |
|               | 2 <sup>ND</sup> ENTRY | \$10.00               | \$15.00                | \$20.00            |
|               | 3 <sup>RD</sup> ENTRY | \$10.00               | \$15.00                | \$20.00            |
|               | 4 <sup>TH</sup> ENTRY | \$10.00               | \$15.00                | \$20.00            |

#### PLEASE SELECT:

#### MEN'S

- \_\_\_ BODYBOARD
- \_\_\_ SHORTBOARD OPEN
- \_\_\_ LONGBOARD OPEN
- \_\_\_ SHORTBOARD MASTER'S (UNDER AGE 30)
- \_\_\_ SHORTBOARD SENIOR MASTER'S (OVER AGE 31)
- \_\_\_ LONGBOARD MASTER'S (UNDER AGE 30)
- \_\_\_ LONGBOARD SENIOR MASTER'S (OVER AGE 31)

#### WOMEN'S

- \_\_\_ BODYBOARD
- \_\_\_ SHORTBOARD
- \_\_\_ LONGBOARD

#### OTHERS

- \_\_\_ GROM (UNDER AGE 17)
- \_\_\_ STAND-UP SURFING (OPEN)
- \_\_\_ TANDEM SURFING (OPEN)
- \_\_\_ FREESTYLE (ANYTHING GOES)

#### CONTEST ENTRY FEES INCLUDED:

1. WDSC 2009 PROGRAM BOOK
2. WDSC'S NOTEPAD, PEN, POSTER, AND STICKER
3. HAWAII'S MAP AND DISCOUNT COUPONS
4. CONTEST SHIRT (PLEASE CHECK ONE)  
 \_\_\_\_\_ SMALL          \_\_\_\_\_ MEDIUM          \_\_\_\_\_ LARGE  
 \_\_\_\_\_ X-LARGE          \_\_\_\_\_ XX-LARGE          \_\_\_\_\_ XXX-LARGE

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**III. ADDITIONAL EVENTS:**

**WDCS HAWAII 2009 EVENTS**

PLEASE SELECT A, B, OR C

|  |
|--|
| <b>A - USD\$75.00</b>  |
| <b>OPENING CEREMONY</b><br>"ALOHA LAULAU PARTY"<br>JULY 8, 2009<br><b>(REQUIRED)</b> |
| <b>CLOSING CEREMONY</b><br>"MAHALO WDCS HAWAII 2009"<br>JULY 12, 2009                |
| <b>4-DAY LUNCHESES</b><br>JULY 9-12, 2009  |

|  |
|--|
| <b>B - USD\$50.00</b>  |
| <b>OPENING CEREMONY</b><br>"ALOHA LAULAU PARTY"<br>JULY 8, 2009<br><b>(REQUIRED)</b> |
| <b>CLOSING CEREMONY</b><br>"MAHALO WDCS HAWAII 2009"<br>JULY 12, 2009                |

|  |
|--|
| <b>C - USD\$25.00</b>  |
| <b>OPENING CEREMONY</b><br>"ALOHA LAULAU PARTY"<br>JULY 8, 2009<br><b>(REQUIRED)</b> |

**OPTIONAL: HAWAII SIGN LANGUAGE FESTIVAL (HSLF) EVENTS**

PLEASE SELECT A, B, OR C

|                               |
|-------------------------------|
| <b>A - USD\$30.00</b>         |
| RATHSKELLAR SHOW<br>ASL FILMS |

|                       |
|-----------------------|
| <b>B - USD\$20.00</b> |
| RATHSKELLAR SHOW      |

|                       |
|-----------------------|
| <b>C - USD\$15.00</b> |
| ASL FILMS             |

|  |    |
|--|----|
| CONTEST ENTRY FEES   | \$ |
| IDSA MEMBERSHIP USD \$25.00  | \$ |
| WDCS 2009 EVENTS: __A-USD\$75.00 __B-USD\$50.00 __C-USD\$25.00       | \$ |
| OPTIONAL: HSLF EVENTS: __A- USD\$30.00 __B-USD\$20.00 __C-USD\$15.00 | \$ |
| <b>TOTAL AMOUNT ENCLOSED</b>   | \$ |

PLEASE MAKE MONEY ORDER OR CHECK PAYABLE TO:  
FOR: **UNITED STATES DEAF SURFRIDERS ASSOCIATION**  
MEMO: **WDCS HAWAII 2009**

PLEASE MAIL COMPLETED CONTEST ENTRY FORMS WITH MONEY ORDER OR CHECK, A COPY OF YOUR HEARING LOSS MEDICAL, AND A 2x2 INCH PHOTO:  
**UNITED STATES DEAF SURFRIDERS ASSOCIATION**  
**ATTN: RAYMOND & FLORENCE RAPOZO, WDCS CO-DIRECTORS**  
**PO BOX 89469**  
**HONOLULU, HAWAII 96830**

**THANK YOU!!**

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**EMERGENCY CONTACT INFORMATION**

**FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**CITY/STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **COUNTRY** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **MALE** \_\_\_\_\_ **FEMALE** \_\_\_\_\_

**MEDICAL CONDITIONS** (please list): \_\_\_\_\_  
\_\_\_\_\_

**MEDICATION** (please list and include dosage): \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES** (medicines/food/): \_\_\_\_\_  
\_\_\_\_\_

**HEALTH OR TRAVEL INSURANCE** (include name of insurance company and policy number): \_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

\_\_\_\_\_  
Name (Contact #1)                      Relationship

\_\_\_\_\_  
Name (Contact #2)                      Relationship

\_\_\_\_\_  
Address (Contact #1)

\_\_\_\_\_  
Address (Contact #2)

\_\_\_\_\_  
Phone number - (SMS / VOICE / TTY / VP – circle one)

\_\_\_\_\_  
Phone number - (SMS / VOICE / TTY / VP – circle one)

\_\_\_\_\_  
Email (Contact #1)

\_\_\_\_\_  
Email (Contact #1)

**RELEASE OF LIABILITY**

**THIS RELEASE LIMITS YOUR RIGHTS TO RECOVER ANY DAMAGES IN CASE OF ACCIDENT/INJURY:**

In applying to participating the events hosted by United States Deaf SurfRiders Association/Hawaii Deaf SurfRiders Association, I promise to inspect the site the events are being held, and assure myself that the area is safe for any events including surfing, and further agree that I will not participate in any events including surfing unless I am satisfied the area and conditions are safe. I will agree that I voluntarily assume all risks arising from conditions relating to the use of the event site by myself and others. In consideration of your acceptance of my application, I intend to be legally bound hereby, for myself, my heirs, executors, and administrators, hold harmless and release and forever discharge United States Deaf SurfRiders Association, United States Surfing Federation, the United States Surfing Federation Western Region, the USSF Officers and Directors, the City and County of the contest site, the State of Hawaii, all sponsors, together with their agents, members and officials connected with any of the events, from liability for injuries and or damages whatsoever, arising from my presence or participation in any events. I attest that I am physically fit and have subsequently trained for any events and do hereby grant the Sponsors such release as described herein. By my Signature, I acknowledge that I have read and understand the above. I give the USDSA/HDSA permission to arrange to telecast, or print and publish any and/or all pictures taken of me (movie, video or still) in conjunction with said events. If under 18 years of age, parent or legal guardian must co-sign below.

\_\_\_\_\_  
**Participant's Signature** **Date** \_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature (if under age 18)** **Date** \_\_\_\_\_

(I hereby certify that I am the parent or legal guardian of the member participating USDSA events, and I hereby give my full consent without reservation to the foregoing statement, and agree to hold USDSA/HDSA free from any and all liability, I also give consent for any medical treatment when needed.)