

F L U I D Z O N E
F O U R T E E N T H
SHARK
ISLAND
C H A L L E N G E
T W E N T Y T E N

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**THE 2010 FLUIDZONE BRETT
YOUNG MEMORIAL TRIALS**

**Cronulla Point, Cronulla, NSW
11th - 13th June 2010**

The Gate Way To The 2010
Fluidzone Shark Island Challenge.

The Fluidzone Brett Young
memorial Trials - 2010

The Deal: All competitors are to
complete the attached entry and
medical form

Please Note: All competitors must
sign entry form and applicants
U/18 years of age must have entry
form signed by Parent/Guardian.
Any unsigned applications and/
or applications without money
or medical forms will not be
accepted...

Entry Fee: All trials participants
must pay \$150 AUD to enter -
confirmation of entry via email /
contact number

Closing Date: Last entries 5th June
5pm - Beach Entries available only
in first round if a paid competitor
fails to turn up.

Information:
Date: 11th -13th June, (best swell
day) Time: 8am Start, Venue:
Cronulla Point, Cronulla Check-in:
7.30am

Contact: Alex Leon (Contest
Director) 0414 330 145

Make money order/ cheque to
Alexander Leon

Post money order/ cheque / to
Alexander Leon
5/62 Jacaranda Rd Caringbah,
NSW 2230 - Australia

ENTRY FORM

Name:

Address:

E-mail:

T-shirt size :

S M L XL

Contact Number:

Age:

Parent/ Guardian if under 18 years:

Sponsors:

Signature: _____

The competitor competing in the
Fluidzone Shark Island Challenge
obliges to the rules and regulations
that the competitor allows the
promoters of the Fluidzone Shark
Island Challenge to use any form of
publicity through all multimedia to
promote the event. All competitors
competing in the Cronulla Shark
Island Challenge is competing at
their own risk and the promoters
are not held responsible for any
accidents or injuries involved when
competing in the Fluidzone Shark
Island Challenge.

MEDICAL FORM

ALL APPROPRIATE DETAILS MUST
BE COMPLETED FOR SAFETY
PURPOSES.

Competitor information

Name:

D.O.B:

Address:

Post Code:

Phone:

Doctor:

Doctor Ph:

Medical information (please circle)

EPILEPSY	YES / NO
FAINTING	YES / NO
DIZZY SPELLS	YES / NO
HEART CONDITION	YES / NO
DIABETES	YES / NO
EAR DISORDER	YES / NO
ASTHMA	YES / NO
ALLERGIES	YES / NO
INSECT BITES ETC	YES / NO
OTHER	YES / NO

I hereby give my permission for
Officials of the Fluidzone Brett
Young Memorial Trials and/or
Cronulla Beach Life Savers to seek
any medical service that I, or my son
/ daughter may require in case of
accident.

Applicants Signature:

Applicants Name: Date:

(or Parent Guardian if U 18)