

2010 STUART SINGLEFIN SHOWDOWN TO BENEFIT UNITED WAY OF MARTIN COUNTY

PRESENTED BY:
**JOHN PIERSON'S TOYOTA OF STUART, MARTIN COUNTY PARKS &
RECREATION DEPARTMENT AND OHANA SURF SHOP**

When: March 20, 2010

Where: Stuart Beach, 889 N.E. Ocean Blvd., Stuart, Florida

Entry: \$45 per surf competitor and an additional \$15 to enter longboard.

Beach Entries will be charged an additional \$5 per division beginning 6 a.m. March 20.

*** NO SURFING UP OR DOWN DIVISIONS ***

Payment: Checks should be made payable to **Ohana Surf Shop (United Way in memo)**

*** All proceeds will benefit United Way of Martin County's Common Good Fund ***

All entries must be accompanied with payment in full.

Entries will be accepted as a first come, first serve basis, Longboard space is limited.

Mail to: Ohana Surf Shop, 652 N.E. Ocean Blvd., Stuart, FL 34996.

Call (772) 539-2654 or (772) 287-0041 for more information.

Name: _____ DOB: _____

Age (as of 3/20/10): _____ Phone: _____

E-mail: _____ Street Address: _____

City: _____ State: _____ Zip: _____

<u>Event:</u>	<u>Age:</u>	<u>Check Box:</u>
Groms	12 and younger	<input type="checkbox"/>
Men's	13 to 24	<input type="checkbox"/>
Senior Men's	25 and older	<input type="checkbox"/>
Women's	Open	<input type="checkbox"/>
Longboard (space limited)	Open	<input type="checkbox"/>

Event Schedule:

Competition for this one-day event will begin promptly at 8 a.m. Saturday, March 20.

(In the event of poor weather/surf conditions, event will be moved to back up date of Sunday, March 21)

**IMPORTANT – PLEASE NOTE: NO ENTRY WILL BE PROCESSED UNLESS BOTH SIDES OF
THIS FORM ARE COMPLETED AND PAYMENT INCLUDED.**



**Martin County Parks & Recreation Department
Recreation Division
2401 SE Monterey Rd. Stuart, FL 34996 (772) 221-1418
Youth Activity Registration Form**



Participant Information:

First Name: _____ M: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone No. _____

Resident: _____ Non-Resident: _____ Male: _____ Female: _____ Email: _____

Birthdate: _____ Age: _____ School: _____ Grade: _____
(current)

Emergency Information:

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Allergies: _____ Yes _____ No List: _____

Physical Restrictions: _____ Yes _____ No List: _____

Handicap Accommodation Needed: Explain: _____

Martin County Parks & Recreation Department offers Accident Insurance for children 18 years and under for \$10.00 (includes administration fee). Coverage is from October thru September (the County's Fiscal year).

I/We wish to purchase Accident Insurance: Yes _____ No _____ Initial _____

Activity Name	Location	Start Date	Cost
1. _____			
2. _____			
3. _____			

RELEASE OF WAIVER OF LIABILITY

NOTICE: This form contains a release and waiver of liability and when signed is a contract with legal consequences. Please read it carefully before signing your name.

TO MARTIN COUNTY: In consideration of the opportunity afforded to my child(ren)/ward(s) to participate in this program, I, the undersigned parent/guardian, freely agree to and make the following contractual representations and agreements.

I, the undersigned parent/guardian, do hereby knowingly, freely, and voluntarily assume all risk and liability for any damage or injury that may occur as a result of my dependent(s)'s participation in the activity and agree to **release, waive, discharge, and covenant not to sue Martin County**, its officers, agents, employees, and volunteers from any and all liability or claims that may be sustained by me or a third party directly or indirectly in connection with, or arising out of my dependent(s)'s participation in the activity, whether caused in whole or in part by the negligence of Martin County or otherwise.

I consent to having my child's picture taken during the subject program or event.

I, the undersigned parent/guardian, have read this form, fully understand its terms, and understanding that I, on behalf of my dependent(s), have given up substantial rights by signing it and have signed it freely and without inducement of assurance or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and agree that if any portion of this contract is held to be invalid, the balance notwithstanding shall continue in full legal force and effect.

Parent/Guardian Signature: _____ **Date:** _____

How did you hear of this program? Newspaper _____ Radio _____ School _____ Mail _____ Other _____