

**The 2009 Brett Young Memorial Trials**  
*In Association with Emerald Surf City*

Cronulla Point, Cronulla, NSW  
4<sup>th</sup> - 5<sup>th</sup> July 2009



**The Gate Way To The 2009 Nomad Shark Island Challenge.**  
**The Brett Young memorial Trials - 2009**

**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 \$180 AUD to enter – confirmation of entry via email / contact number

**Closing Date:** Last entries 1<sup>st</sup> July 5pm - Beach Entries available only in first round if a paid competitor fails to turn up.

**Information:**

**Date:** 4<sup>th</sup> -5<sup>th</sup> July, **Time:** 8am Start, **Venue:** Cronulla Point, Cronulla **Check-in:** 7.30am

**Contact:** Mark Fordham (Contest Director) 0449 253 240

Make money order/ cheque to  
Cronulla Shark Island Challenge **(NOT MARK FORDHAM)**

Post money order/ cheque / to  
**Emerald Surf City, 130 Cronulla Street, Cronulla, NSW 2230 – Australia**

For further details and / or confirmation please contact Contest Organisers Mark Fordham for before the 3<sup>rd</sup> July 2009. Email > [sharkislandchallenge@iinet.net.au](mailto:sharkislandchallenge@iinet.net.au)



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**2009 BRETT YOUNG MEMORIAL TRIALS – ENTRY FORM**

Name:

Address:

E-mail:

Contact Number:

Age:

Parent/ Guardian if under 18 years:

Sponsors:

Signature: \_\_\_\_\_

The competitor competing in the **Cronulla Shark Island Challenge** obliges to the rules and regulations that the competitor allows the promoters of the **Cronulla 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 **Cronulla Shark Island Challenge**.



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**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**

EPILEPSY	YES / NO
FAINTING or DIZZY SPELLS	YES / NO
HEART CONDITION 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 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)

