



DROPKNEE SESSIONS

SATURDAY SEPTEMBER 11TH 2021, PORT MACQUARIE, NSW



ENTRY REGISTRATION FORM

The world's premier DK event is set for it's biggest event yet and the title for DKS champ is once again up for grabs as Port Macquarie plays host for this years competition on Saturday, September 11th 2021.

Event registration is limited to a maximum of 32 competitors and is structured on a first come, first served basis. Entry fee discount available for group registrations of 3 or more competitors and must be one payment only.

For event registration and sponsorship enquiries please contact:

EVENT DIRECTOR
CLAYTON PICKWORTH
[e] info@dksessions.com
[p] 0428 237 788

www.dksessions.com

COMPETITOR DETAILS

Full Name :
 Date :
D D M M Y Y Y Y
 Date of Birth :
D D M M Y Y Y Y
 E-Mail :
 Phone :
 Single Entry **OR** Group Registration
(1 x competitor \$120pp) (3 or more competitors, \$100pp)

Address :
 City :
 State : Post Code :
 Country :

MEDICAL INFO

Doctor Name:
 Doctor Contact No.

WAIVER

In consideration of acceptance of my entry, I intend to be legally bound, do hereby for myself, my heirs and administrators waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue against the competition, it's officials, employees, agents and contest sponsors, of any and all liability and responsibility arising from an injury received or incurred by participating in this event. I will inspect the contest area and assure myself that the area is safe for body boarding and further agree that the area conditions are safe for body boarding purposes. Further i acknowledge that i voluntarily assume all risks arising from the conditions relating to the use of the contest site and surfing area by myself or others and will comply with the DKS rules and regulations. I agree to the release of all official photographs and video footage taken during this event, and its use by the contest director and sponsors.

I hereby give my permission for officials of DKS to seek any medical service that I, or my son / daughter may require in case of accident.

 Competitors signature Parents signature (If under 18)

	Yes	No
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Or Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition/Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Ear Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		
Shirt Size eg. M, L, XL etc	<input type="text"/>	

**All applicants must sign entry form and applicants under 18 years of age must have entry and medical forms signed by a parent/guardian. Unsigned applications and applications without money or medical form will not be accepted.*



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PAYMENT DETAILS

OPTION ONE

Single Entry Payment
\$120.00 (AUD)

1 x competitor

OPTION TWO

Group Entry Payment
\$100.00 (AUD) Per Person

3 + competitors

**Group registrations must be made in one payment, no individual payments will be accepted from group entries.*

EFT PAYMENT

BSB: 082-991

ACCOUNT: 652706391

REFERENCE/MESSAGE: DKS ENTRY

SWIFT CODE (INTERNATIONAL PAYMENTS ONLY): NATAAU3303M⁵

Payment made on (date):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

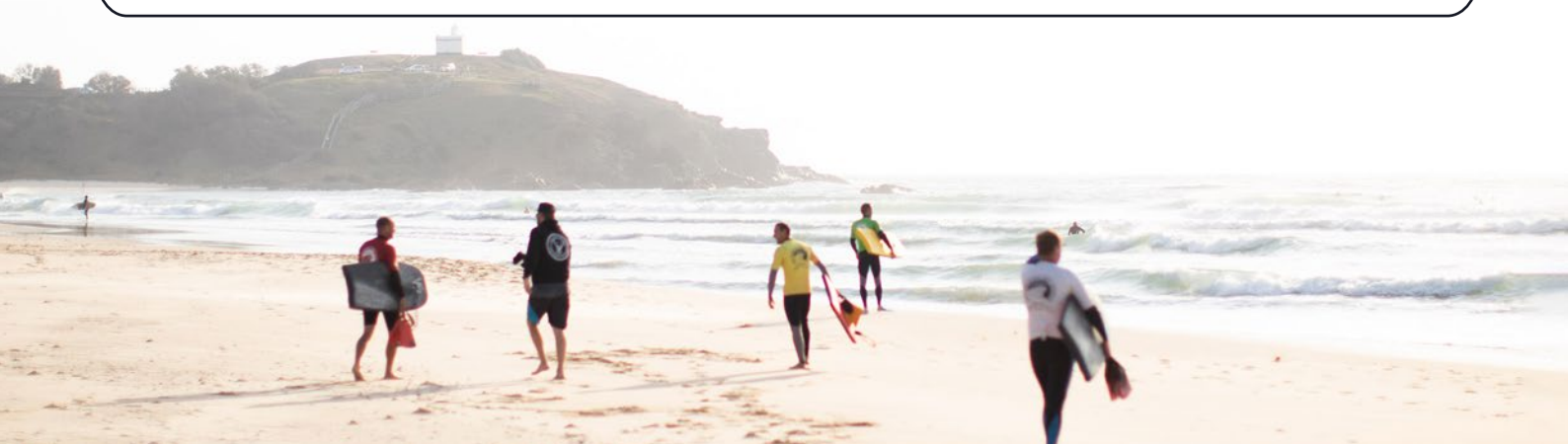
GROUP BOOKINGS

Got a mate that loves DK as much as you do?

Why not take advantage of a group booking, entitling you to a \$20.00 per entrant discount. Share the driving, accommodation, and pull on a rashy and test your skills against some of the best DK talent in the world.

**Min requirement of 3 x competitors required for group entry, each entrant competes as an individual in competition format and is required to complete the competitor registration entry form section.*

2020 DKS Champion Ryan Duck





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GROUP REGISTRATION ONLY

COMPETITOR DETAILS (2nd Rider)

Full Name :
 Date :
D D M M Y Y Y Y

Date of Birth :
D D M M Y Y Y Y

E-Mail :

Phone :

Single Entry **OR** Group Registration
(1 x competitor \$120pp) (3 or more competitors, \$100pp)

Address :
 City :
 State : Post Code :
 Country :

MEDICAL INFO

Doctor Name:
 Doctor Contact No.

WAIVER

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I hereby give my permission for officials of DKS to seek any medical service that I, or my son / daughter may require in case of accident.

	Yes	No
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Or Dizzy Spells	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition/Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Ear Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Competitors signature

Parents signature (If under 18)

Shirt Size eg. M, L, XL etc

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GROUP REGISTRATION ONLY

COMPETITOR DETAILS (3rd Rider)

Full Name :

Date :
D D M M Y Y Y Y

Date of Birth :
D D M M Y Y Y Y

E-Mail :

Phone :

Single Entry **OR** Group Registration
(1 x competitor \$120pp) (3 or more competitors, \$100pp)

Address :

City :

State : Post Code :

Country :

MEDICAL INFO

Doctor Name:

Doctor Contact No.

WAIVER

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Heart Condition/Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Ear Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Competitors signature

Parents signature (If under 18)

Shirt Size eg. M, L, XL etc

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GROUP REGISTRATION ONLY

COMPETITOR DETAILS (4th Rider)

Full Name :

Date :
D D M M Y Y Y Y

Date of Birth :
D D M M Y Y Y Y

E-Mail :

Phone :

Single Entry **OR** Group Registration
(1 x competitor \$120pp) (3 or more competitors, \$100pp)

Address :

City :

State : Post Code :

Country :

MEDICAL INFO

Doctor Name:

Doctor Contact No.

WAIVER

In consideration of acceptance of my entry, I intend to be legally bound, do hereby for myself, my heirs and administrators waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue against the competition, it's officials, employees, agents and contest sponsors, of any and all liability and responsibility arising from an injury received or incurred by participating in this event. I will inspect the contest area and assure myself that the area is safe for bodyboarding and further agree that the area conditions are safe for bodyboarding purposes. Further i acknowledge that i voluntarily assume all risks arising from the conditions relating to the use of the contest site and surfing area by myself or others and will comply with the DKS rules and regulations. I agree to the release of all official photographs and video footage taken during this event, and its use by the contest director and sponsors.

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Heart Condition/Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Ear Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

 Competitors signature Parents signature (If under 18)

Shirt Size eg. M, L, XL etc

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