



## REGISTRATION FORM

Please, read the following information and fill in the registration form and the medical questionnaire.

### Important:

- All the sections of both forms shall be properly filled in.
- These forms shall be also signed and bear the appropriate authorization by the parents or guardians of those competitors under 18 years of age.

### Registration fee:

Men: 160,00 €  
Women: 135,00 €

### Payment:

Either by bank order to bank account of La Caja de Canarias:  
IBAN ES71 2052 8000 72 3310594807.

Please, submit receipt and registration form to the following e-mail account:  
produccion@malditorodriguez.org

Or by paying in cash at the office located in c/ Reyes Católicos, 26 – 1º - 35001 in Las Palmas de Gran Canaria.

Please, do not forget to write down name and surnames in the bank order, indicating "Mundial Bodyboard Confital" 2009.

### Term for registration and payment:

Registration and payment shall be available until the 27th day of November, 2009.  
After the said date and up to the 30th day of November, 2009, the registration fee shall have a 30 € surcharge.

Registration and payment deadline: Monday 30th day of November, 2009, before 12 pm at the organization offices in the venue of the competition, Playa de El Confital. Those who do not pay before the above mentioned deadline shall not be able to take part in the competition.

(There might be vacant spots in the first round the first day of competition, which they will be able to be covered to criterion of the organization.)

**Informative Note: All the competitors shall be summoned to a group photographic session for the media. For this photographic session, competitors shall wear the official competition T-shirt.**





## PERSONAL INFORMATION

Name: \_\_\_\_\_

Surname(s) \_\_\_\_\_

Country: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone nr.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ranking 2005-2006, pranking position : \_\_\_\_\_

Sponsors: \_\_\_\_\_

Professional Category: (Please, tick the correct box)

Professional Men:

Professional Women:

T-shirt Size: (Please, tick the appropriate box)

XS   
 S   
 M   
 L   
 XL   
 XXL

Competitors shall sign the attached IBA rider contract. Those who do not sign the contract shall not be able to take part in the competition.

I do hereby accept my participation in this event and undertake to fulfill all the rules set forth by the IBA and any other rules announced by the organization of this event. The organization, management, staff, agents and sponsors of this competition shall be exempt from any responsibility arising from the possible damages which may take place during this event.

I do hereby voluntarily assume the risks which may arise from the conditions linked to the location of the competition, the bodyboard area assigned, either occasioned by me or by others.

I do agree with the publication of the official pictures and videos of this event by the organization.

I do also hereby assume that bringing discredit to the sport or the competition may give rise to my disqualification, as well as an economic sanction, whose amount would be imposed by the competition manager.

Name: \_\_\_\_\_

Competitor's signature: \_\_\_\_\_

Parents' or guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_





# MEDICAL QUESTIONNAIRE

Please, fill in the following form on your health.

## PERSONAL INFORMATION:

Name: \_\_\_\_\_

Surname(s) \_\_\_\_\_

Country: \_\_\_\_\_

Telephone nr.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of your usual physician: \_\_\_\_\_

Telephone nr.: \_\_\_\_\_

Please, specify whether you suffer from any of these diseases and/or the medical treatments you are currently taking. Important in case of medical emergency.

- Epilepsy
- Faint
- Hearing disorders/vertigo
- Asthma
- Diabetes
- Allergies
- Others .....

In case of emergency, the person to be contacted is:

Name and surnames: \_\_\_\_\_

Telephone nr.: \_\_\_\_\_

The organization requires the authorization of the father/mother or guardian of those competitors under 18 years of age, so that, in case of accident or disease, to be assisted by the medical services of this event.

Parents' or guardian's name: \_\_\_\_\_

Comptetitor's name and signature: \_\_\_\_\_

Date: \_\_\_\_\_





## **RULES OF CONDUCT**

**The use of alcohol and other drugs is not permitted. In such a case, the organization may exclude the competitor from the competition.**

**The competitor shall be always identified by its appropriate credentials.**

**Indecent or obscene language shall not be tolerated.**

**The competitors shall respect the cultures, races and religions of all the participants.**

**The competitors shall professionally and politely behave with the IBA agents and the organization.**

**The competitors shall comply with the schedule established by the organization for the taking place of the heats.**

**Judges and organization area restricted access.**

**The competitors must respect the space keeping it clean at all time.**

**Pursuant to the regulations established in the Spanish ACT Ley Orgánica 15/1999, de 13 de diciembre, on Personal Data Protection, you are hereby informed that the data provided in this form shall be entered in a file property of VACORE, S.L., in order to manage your participation in the championship. You shall be able to execute the rights of access, modification, cancellation and opposition before the company VACORE, S.L., with registered office at calle Reyes Católicos 26 – 1º - 35001 Las Palmas de Gran Canaria.**

