

# HAWAII STATE OVERALL FLYING DISC TOURNAMENT REGISTRATION FORM

NAME (print): \_\_\_\_\_

HULA MEMBER? \_\_\_\_\_

If so, what was the last League team you were on? \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE \_\_\_\_\_

STREET  
ADDRESS \_\_\_\_\_

DIVISION: \_\_\_\_\_

EVENTS YOU ARE ENTERING:

\_\_\_\_\_ Disc Golf  
\_\_\_\_\_ Distance  
\_\_\_\_\_ DDC (with partner \_\_\_\_\_)  
\_\_\_\_\_ Accuracy

Have you ever competed in this tournament before? \_\_\_\_\_

*Release of Liability: I, the undersigned, hereby release the Hawaii Ultimate League Association, City and County of Honolulu Parks and Recreation, HI State Parks and Recreation, directors, affiliates and tournament staff from any liability resulting from the transportation, participation or any activity associated with the HI State Overall Flying Disc Championships.*

\_\_\_\_\_  
signature of competitor

\_\_\_\_\_  
date