MO SURF TEAM CONTEST

2026

TENTATIVE DATE

5/6 DECEMBER 2026

ÎLOT SANCHO
RIVIÈRE DES GALETS

7 TEAMS • 28 SURFERS
NO ELIMINATION

REGISTRATION FORM

1 COMPETITOR INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

2 EVENT FORMAT / FORMAT DE COMPÉTITION

Maximum 28 Athletes

7 TEAMS	4 SURFERS / TEAM	3 APPEARANCES	NO ELIMINATION
7 équipes	4 surfeurs / équipe	3 passages / surfeur	Aucune élimination

Individual Champion: the 2 highest individual wave scores from across all 3 appearances. Team Champion: ranking points from each surfer's final individual placing are added across the 4 team members.

3 PAYMENT INFORMATION

PAYMENT METHOD

BANK TRANSFER ONLY

BANK TRANSFER

ENTRY FEE

Rs 1,000 per surfer

MO SURF ACCOUNT NUMBER

000452048508

Payment Reference / Competitor Name: _____

Proof of Payment: ☐ Attached ☐ Will Send

ONE OCEAN • ONE COMMUNITY • ONE TEAM

4 PARTICIPATION, SAFETY & LIABILITY DECLARATION

I voluntarily participate in the Mo Surf Team Contest 2026 and acknowledge that surfing and ocean activities involve inherent risks, including waves, currents, reef, weather conditions, collisions and possible injury.

I confirm that I am physically fit, sufficiently experienced and capable of participating safely in the competition.

I agree to respect the competition rules and all decisions and safety instructions issued by Mo Surf Championship, the judges, officials and safety team.

To the extent permitted by law, I accept the inherent risks associated with my participation and release Mo Surf Championship, its organisers, officials, volunteers, partners and sponsors from liability for injury, loss or damage arising from those inherent risks, except where liability cannot be legally excluded.

I authorise Mo Surf Championship to use photographs and video footage taken during the event for communication, promotional and social media purposes.

Competitor Signature: _____ **Date:** _____

5 PARENT / LEGAL GUARDIAN AUTHORISATION (UNDER 18 ONLY)

I, _____ (Parent / Legal Guardian),

authorise my child _____

to participate in the Mo Surf Team Contest 2026 at Îlot Sancho, Rivière des Galets.

I acknowledge the inherent risks associated with surfing and ocean activities and consent to my child's participation.

Parent / Guardian Name: _____

Phone Number: _____

Signature: _____ **Date:** _____

NO COMPETITOR UNDER 18 WILL BE REGISTERED WITHOUT PARENT / LEGAL GUARDIAN AUTHORISATION.

6 FOR MO SURF USE ONLY

Registration No.: _____

Date Received: _____

Received By: _____

PAYMENT VERIFIED

☐ BANK TRANSFER

AMOUNT PAID

Rs _____

☐ CONFIRMED

THANK YOU & SEE YOU IN THE LINEUP!

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