

CONTEST ENTRY FORM



CONTEST: Warriors Novice Powerlifting Comp

VENUE: Resurgence Training Centre,
17 Saltire Way, Port Kennedy WA 6172

EVENT DATE: Sunday 3rd July 2016

Please complete all details below:

NAME		DATE OF BIRTH	AGE*
HOME ADDRESS		CONTACT No.	
		WEIGHT CLASS	Kg
Email Address			
GYM			

**Age at date of competition*

Select Event, Category and Division:

EVENT	CATEGORY	DIVISION	
<input checked="" type="checkbox"/> 3-LIFT Novice	<input checked="" type="checkbox"/> Raw Plus	<input type="checkbox"/> Open Men	<input type="checkbox"/> Open Women

ENTRY FEE <i>Please ✓ boxes</i>	<input type="checkbox"/> 3-Lift ONLY	\$ 50.00	\$ 50.00
	Choose one of the following options:		
	<input type="checkbox"/> I am currently a member of WAPA	\$ N/A	\$
	<input type="checkbox"/> Annual WA Powerlifting Membership (12 Months)	\$ 40.00	\$
	<input type="checkbox"/> Day Membership *	\$ 20.00	\$
		PAYMENT DUE	\$

If you are **not a current WAPA member you must choose either Day or Full Membership to compete*

ANNUAL MEMBERSHIP - \$40 **OVER 65** (as at 01 January) - \$ No Charge **DAY MEMBERSHIP**- \$20

Only ANNUAL MEMBERS may set or break records.

DAY MEMBERS may place, but cannot set or break records

Please forward Entry Form and Athlete's Declaration to: **Henry Day – henry@musclepit.com.au**

(Entries must be received by 20th of June 2016 - All entries received after this date will incur a Late Entry Fee of \$20)

EVENT PAYMENTS TO: **BSB: 016460 Account: 351473491 Account Name: Spectra Nominees**
PLEASE USE YOUR NAME AS REFERENCE FOR THE PAYMENT

Weigh-In Schedule

Weigh-In Time (24hour): **9am to 11am** at Resurgence, 17 Saltire Way, Port Kennedy **Saturday 2nd July**

Weigh-In Time (24hour): **9am to 11am** at Heavy Duty Gym, U3/39 Boranup Ave, Clarkson **Saturday 2nd July**

Weigh-In Time (24hour): **9am to 11am** at Muscle Pit, 25 Crawford St, Cannington **Saturday 2nd July**

Weigh-In Time (On the day): **8.30am to 9.30am** at the venue on **Sunday 2nd July**

Lifting starts: **10.00am SHARP.**

ATHLETE'S DECLARATION



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1. I(insert your full name), whose signature appears on this entry form, in consideration of, and as a condition of acceptance of my entry in this event, hereby waive all and any claim, right or cause of action which I or my heirs might otherwise have arising out of my life, or injury, damage or loss of any description what so ever which I may suffer or sustain in the course of or consequent upon my participation in the said event, including expenses of subsequent medical treatment or hospitalisation.
2. This waiver, release and discharge shall be and operate separately in favour of all persons, companies and bodies involved in promotion or conduct of the event, and the servants, agents, representatives, and officers of any of them, and of any first aid or paramedical personnel summoned in the event of injury to me.
3. You are required to answer all questions with YES OR NO (circle your response), providing full details of any injuries/ailments/allergies/medications or any other health related information that you should declare, or may affect/impair participation in any physical activity involved in Powerlifting competitions. If you are unsure please ask for assistance.
 - a. Are you currently taking any type of prescribed drugs, antibiotics or medication? YES / NO
If yes, give details:
 - b. Have you previously suffered or do you suffer from any of the following – fainting, dizziness, or blurry vision? YES / NO
If yes, give details:
 - c. Do you suffer from epilepsy? YES / NO
 - d. Do you suffer from severe migraines/headaches? YES / NO
 - e. Do you suffer from high or low blood pressure? YES / NO
 - f. Do you suffer from asthma or breathing disorders? YES / NO
If yes, give details:
 - g. Do you suffer from diabetes? YES / NO
 - h. Do you suffer from depression or anxiety? YES / NO
 - i. Do you need to carry medication on you for any of these ailments? YES / NO
Please provide the name/s, dosage/last taken of medication:
 - j. Do you suffer from stiff upper body or lower body joints, muscular or back pain that can be aggravated by movement? YES / NO
Please provide Details:-
 - k. Have you been admitted to hospital in the past 6 months? YES / NO
Please provide Details:
 - l. Have you had any injuries or surgery recently, or in the past twelve months? YES / NO
Please provide details:
 - m. Have any scheduled surgeries or treatments that can impair or reduce your level of participation? YES / NO
Please provide details:
 - n. Have you, or do you suffer from any sort of chest pain, palpitations or shortness of breath? YES / NO
 - o. Are you a smoker? YES / NO
if YES, how many a day:
 - p. Do you have a bone or joint condition that may be aggravated by exercise? YES / NO
 - q. Do you have a medical condition for which your entry in this event presents a risk? YES / NO
 - r. Is this your first time competing in a Powerlifting event? YES / NO

HEALTH AND MEDICAL DECLARATION

I have read and answered the above health and medical history and have answered all questions honestly and to the best of my knowledge. I will supply a medical certificate or a Doctors letter if requested as a condition of entry. I have been assessed by a Medical Professional that I am in good health, with no physical limitations, health issues or illnesses that may pose a risk to myself or other competitors involved. By signing below acknowledge that I have read and understood this Declaration. I understand that withholding any relevant information regarding my health, fitness or physical condition may affect my participation in any future West Australian Powerlifting events.

NAME

SIGNATURE (Plus Parent/Guardian if entrant is under 18)

FULL NAME
(Print using block letters)

DATE/...../.....