**MHSPLA**

**Regional Qualifier**

**Hosted By: Troy Athens High School**

**DATE**: Saturday, January 18th, 2025

**PLACE:** Troy Athens High School 4333 John R Rd Troy, MI 48085

**REGISTRATION DEADLINE:**  Regional Pre-Registration is from 4-7PM on Tuesday, January 14th, 2025 (**For Oakland, Macomb, Livingston, Washtenaw, & Wayne County Schools)**

Secondary pre-registration is from 4-7PM Wednesday, January 15th, 2025. **(For any Schools outside the above counties)**

**THERE WILL BE A CAP OF 300 LIFTERS FOR EACH SESSION**

**NO REGISTRATIONS WILL BE ACCEPTED EARLIER**

**ENTRY FEE:** $20.00 CASH or MONEY ORDER (NO personal checks will be accepted)

Lifters MUST PAY entry fee at the weigh-in site. NO LATE REGISTRATION OR WALK-INS ALLOWED. All registered lifters must be paid for at the time of registration.

\*\***Coaches must register their TEAM AS A GROUP AND PRESENT MONEY AND FORMS ALL TOGETHER. (Women at their registration time and men at their registration time.) IF A LIFTER SCRATCHES AFTER THE SPREADSHEET HAS BEEN TURNED IN ON WEDNESDAY, THE MONEY IS STILL OWED TO US. So if you have 20 men on the spreadsheet you turned in and only 18 show, you still owe 400 dollars**

**MEET DIRECTORS: Karie Dunneback/Nicholas Lusk**

**troyathenspowerlifting@gmail.com**

**INDIVIDUAL AWARDS:** Medals First through Third. Men’s Varsity Division (9th-thru 12th grade) and JV Division (7th thru 10th grade) and Women’s Varsity Division (9th thru 12th grade) and JV Division (7th thru 10th grade)

**TEAM AWARDS**: Top 2 teams in each division. JV Women, Varsity Women, JV Men, Varsity Men

**PLEASE NOTE:** HOME WEIGH-INS. Coaches/AD’s will weigh their athletes at home for projected weight class. This projection will be sent to USING THE TEAM ROSTER SPREADSHEET PROVIDED ON OUR MEET PAGE ON THE MHSPLA WEBSITE. THIS IS THE ONLY ROSTER THAT WILL BE ACCEPTED; ANYTHING ELSE WILL DISQUALIFY YOU FROM PARTICIPATING IN THIS MEET. with the Lifter Name, School, Division, Weight Class and Openers by the deadline stated on the registration form. **Email the spreadsheet listing all participating members to:**

[**troyathenspowerlifting@gmail.com**](mailto:troyathenspowerlifting@gmail.com)

**No other format will be accepted.** Email must be received no later than 7:00PM Wednesday January 15th, 2025 or whenever 300 lifters per session has been reached.

When the athlete registers at the meet, he/she will be weighed in, wearing a t-shirt, shorts AND SOCKS. No shoes, jackets, sweatshirts, etc. will be allowed. This weight will be documented and used for the competition. There will be check scales available and ONE attempt on the official scale only. Your exact weight will determine your weight class. NO EXCEPTIONS

ALL LIFTERS MUST BE REGISTERED AND WEIGHED IN 45 MINUTES PRIOR TO THE SCHEDULED START OF LIFTING. PLEASE PLAN ACCORDINGLY.

**Doors open at 7:00am**

**WOMEN DIVISIONS MEN DIVISIONS**

**REGISTRATION/WEIGH-INS**: 7:00am **REGISTRATION/WEIGH-INS**: 11:15pm

**CHECK-IN ENDS:**  8:00am **CHECK-IN ENDS:** 12:15pm

**COACH &LIFTER MEETING**:8:00am@main gym **COACH &LIFTER MEETING**: 12:15pm@main gym

**WARM-UP**: 8:10-8:50am @ platforms & wt room **WARM-UP**: 12:30-1:05pm @ platforms & wt room

**LIFTING BEGINS**: 9:00am **LIFTING BEGINS**: 1:10pm

**AWARDS:** conclusion @ aux gym **AWARDS:** conclusion @ aux gym

**ELIGIBILITY:** Open to all 7th-12th grade lifters. Students MUST be enrolled in the school that they are lifting. All students MUST be eligible to compete according to their school’s eligibility standards. ALL LIFTERS MUST BE DRUG FREE FOR A MINIMUM OF 36 MONTHS. All lifters must qualify at a MHSPLA qualifying meet in order to compete at the State Finals.

**RULES**: MHSPLA rules will govern this meet.

**WEIGHT CLASSES:**

MEN: 114, 123, 132, 145, 155, 165, 181, 194, 207, 220, 242, 275, SHW

WOMEN: 105, 114, 123, 132, 140, 148, 155, 165, 181, 198, 220, 242, 242+

**EQUIPMENT:**

This will be a RAW Meet.

Shorts and Short Sleeve T-shirt.

Must have footwear on.

No singlet or squat shorts allowed.

No tights

MAX 4-inch belt ONLY. No padding in back or any type of Velcro straps allowed.

Compression shirts/shorts are acceptable.

Long socks REQUIRED for dead lift.

**ADMISSIONS**: $5.00 individual (11-59 yrs)

$ FREE for 10 yrs and under, military, 60+

ADMISSION AND MEET SHIRTS ARE AVAILABLE AND ARE TO BE PURCHASED WITH CASH OR CARD ONLY. CONCESSIONS ARE AVAILABLE TO PAY WITH CASH OR CARD.

**Troy Athens HIGH SCHOOL**

Regional Qualifier - Entry Form

$20.00 per lifter registration

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Grade |  | Weight Class | |  | | | | | Sex | | | |  | | | |  | | | | | | | | | | |
| Name |  | | | | | |  | | | | High School | | | | | | | | | |  | | | | | | |
| Home Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Openers: Squat \_\_\_\_\_\_\_\_ Bench \_\_\_\_\_\_\_ Dead Lift \_\_\_\_\_\_\_\_  Check Division Entered: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Women |  | Varsity Women | |  | | | | | | | | | |  | | | | JV Men | | | |  | | Varsity Men | |
|  |  |  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |

In consideration of the acceptance of my entry form in this Power lifting competition, I intend to be legally responsible for not only myself, but also my heirs, my executors, and my administrators. In signing this release from liability, I waive and release everyone connected with competition from any and all liability, which may arise from this competition.

In addition to the foregoing, I specifically release Troy Athens HS, Tory School District,and the meet directors, meet assistants and anyone connected with this contest, regardless of his/her contribution.

|  |  |
| --- | --- |
| Participant’s Signature |  |
| Parent Signature |  |
| Parent Name Printed |  |

Payment must be in **CASH** or **MONEY ORDER** ONLY. (No personal checks will be accepted.)

Please make money orders out to **ATHENS STRENGTH BOOSTERS**.

**RELEASE FROM LIABILITY AND CONSENT TO DRUG TEST**

In consideration of the acceptance of my entry in the Power lifting competition I intend to be legally bound, for not only myself but also for my heirs, my executors, and my administrators. By signing this release from liability, I waive and release everyone connected with competition from any and all liability, including any results of negligence which may arise from this competition. Moreover, I agree that any testing method which the meet director and the sponsors of this meet use to detect the presence of strength-inducing drugs SHALL BE CONCLUSIVE. That is, whether I think results of the tests are right or wrong I agree that I have no right to challenge the results of the drug tests. I further agree to submit to any physical tests which may be necessary to complete drug testing. Should I fail to pass the drug test I agree to forfeit any trophy or award which I otherwise have won. I understand and agree that if I fail to pass the drug tests, my name will appear on a published list of suspended members. If determined that I have failed the drug test, I agree to waive any claim for which legal relief is available. I agree to pay any attorney fee and litigation expenses incurred by any person, real or corporate, whom I may sue in an effort to challenge this Release form. I understand that my agreement to pay attorney fees and litigation expenses is the Sine Qua Non for the acceptance of my entry in this contest. If any provision of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this Release from Liability shall remain in full force and effect. I also certify with my signature that this release/agreement cannot be modified orally.

SIGNATURE IN FULL OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE IN FULL OF PARENT OR GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COACHES RELEASE FROM LIABILITY**

This form is for all coaches that are listed when the rosters are sent in to the host schools they may enter the designated lifting area. All coaches that are listed must sign this release from liability. All lifters need only to sign the entry form. This form **does not** provide free entry to any and all events

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of my presence at or participation in, I intending to be legally bound, hereby, for myself, my executors, and administrators, waive and release Troy Athens HS, Troy School District, **Karie Dunneback & Nicholas Lusk,** the Meet Directors, their agents, representatives, committees, and members from any and all claims or Rights to damage from injuries or losses suffered by me directly or indirectly participating in or attending the current MHSPLA Regional Meet.

SIGNATURE IN FULL OF

APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of the acceptance of my presence at or participation in this Power Lifting competition I intend to be legally bound, for not only myself but also for my heirs, my executors, and my administrators. I signing this release from liability I waive and release everyone connected with competition from any and all liability including any results of negligence, which may arise from this competition.

SIGNATURE IN FULL OF

APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.