

# OFFICIAL ENTRY FORM – 2018 NATIONAL UNDER 25 CHAMPIONSHIPS

**REGISTRATION:** Preferred method of registration is on line at: <http://www.teamusa.org/usa-weightlifting/resources/national-international-event-calendar>. The deadline for the National Office having received your registration as specified above in this document. No late entries will be accepted.

A manual registration form may be mailed or faxed but it must be received by the National Office by the deadline specified on page one of this document. However, an additional \$10 processing fee applies for each athlete or team registering manually and is included in the "Entry Fees" listed below.

**RETURN MANUAL ENTRY TO:**

USA Weightlifting  
1 Olympic Plaza  
Colorado Springs, CO 80909

**ENTRY FEES:**

INDIVIDUAL Entry – \$99.00 if you enter online (Non-refundable)  
If you use a paper entry, \$109.00 (Non-refundable; includes manual processing fee of \$10)  
INDIVIDUAL Youth Entry – \$75.00 if you enter online (Non-refundable)  
If you use a paper entry, \$85.00 (Non-refundable; includes manual processing fee of \$10)  
Each OVERALL TEAM – \$110.00 if you enter you're a team online (Non-refundable)  
If you use a paper entry \$120.00 (Non-refundable; includes manual processing fee of \$10)

Please enter me in the **2018 National Under 25 Championships to be held on April 19-22, 2018, in Ogden, UT**. I certify that I am an amateur in good standing. In consideration of my entry in the competition, I do hereby waive, and release USA Weightlifting, Anaheim Convention Center, Southern Pacific LWC and any meet hotel, and their respective directors, officers, officials, agents, and competition personnel, hereinafter known as the "Organizers," from any and all causes of action, loss, liability, claims and demands of every kind and nature, which I or my heirs or personal representatives may have for bodily injury, for expenses of medical treatment, hospitalization, and other care rendered to me in the event of my injury or illness, or for any and all other costs, damages or losses suffered or incurred by me or occasioned to me in connection with my travel to and from, and my participation in, the competition and related activities, except that the forgoing waiver and release shall not apply to injuries, damages, and losses resulting from the gross negligence and/or wanton misconduct of the Organizers or to bodily injuries and medical expenses covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies maintained by the Organizers.

I agree to be filmed and photographed under conditions approved and authorized by the USA Weightlifting, to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my weightlifting performance and grant to USA Weightlifting and Organizers the right to record and make use of the same, and to authorize others to do so in promoting the competition and the success of the weightlifting team on which I compete, to promote the image of USA Weightlifting, its sponsors and advertisers, and the sport of amateur weightlifting, and to fund the activities of the USA Weightlifting.

I (and my parent or guardian, if I am a minor), agree that the Organizers and its agents, including competition personnel, may make judgments (with appropriate input from available medical personnel), as to my treatment, hospitalization or other medical care in the event of my illness or accidental injury in connection with my participation in the competition, should I be disabled or incompetent to make necessary and appropriate decisions concerning such treatment, hospitalization or other care. I authorize the Organizers, its agents and competition personnel to make such decisions for me as though they stood in a relationship to me of parent, guardian or next of kin should circumstances require the Organizers, its agents and competition personnel to make such judgments, and my next of kin cannot be timely and conveniently contacted to participate in the making of such judgments.

I hereby release and agree to hold the Organizers, its agents and competition personnel harmless from all expenses, causes of action, liability, claims and demands arising from good faith judgments made by the Organizers, its agents and competition personnel concerning my treatment, hospitalization and medical care in the event of my illness, injury or other emergent circumstances in connection with the competition.

I (and my parent or guardian, if I am a minor), agree that I will be financially responsible for treatment, hospitalization and other medical care rendered to me in the event of my illness, injury or other emergency circumstances in connection with the competition, except to the extent my injuries and medical expenses, if any, are covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies maintained by the Organizers for my benefit, in which event I will nevertheless continue to be financially responsible for expenses of treatment, hospitalization and other medical care in excess of such policies' limits.

**I understand the USA Weightlifting Board of Directors has adopted the following policy:** The entry and qualifying deadlines for any National event are the ones specified in the Participation Contract and absolutely no entries will be accepted after the deadline.

This policy will remain in effect unless changed by the USA Weightlifting Board of Directors and may not be overridden by any individual or group, including but not limited to any USA Weightlifting committee, member, the event meet director or the National Office staff. This policy will be strictly enforced, without regard to statements or rumor to the contrary, regardless of the source of such statements or rumors. Athletes should be advised that USA Weightlifting will not be responsible for an athlete's unsuccessful attempt to register for the event online due to the absence of a minimum qualifying total in the athlete's record at the time registration is attempted, or for any other issue that would cause the athlete to be unable to successfully register online or via fax or regular mail. It is therefore strongly recommended that athletes not wait until the last minute to register, in case there is a problem.

# 2018 NATIONAL UNDER 25 CHAMPIONSHIPS

## Manual Entry Form

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY:

WEIGHT CLASS QUALIFIED: \_\_\_\_\_ kg (You may only enter one) USAW Member # \_\_\_\_\_

\_\_\_\_ MALE \_\_\_\_ FEMALE

NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_

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

PHONE ( ) \_\_\_\_\_ E-MAIL \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

USA WEIGHTLIFTING COACH: \_\_\_\_\_ COACH USAW MEMBER # \_\_\_\_\_

EVENT COACH: \_\_\_\_\_ EVENT COACH USAW Member # \_\_\_\_\_

**NOTE: EVENT COACH MUST BE A CURRENT USA WEIGHTLIFTING MEMBER TO GAIN ACCESS TO THE WARM-UP ROOM**

QUALIFYING STANDARD TOTAL (QST) MADE: \_\_\_\_\_ WT CLASS: \_\_\_\_\_ DATE: \_\_\_\_\_

ENTRY TOTAL (ET) (must be equal to or greater than the QT of age/wt class): \_\_\_\_\_

### AMOUNT DUE: (See Entry Fees Above)

PAYMENT MAY BE MADE WITH CHECK PAYABLE TO 'USA Weightlifting' OR VALID CREDIT CARD: VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS:

CREDIT CARD ACCT# \_\_\_\_\_ EXPIRES \_\_\_\_\_ CODE \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### DRUG USE AND BLOOD DOPING

All competitors in the USA Weightlifting Events are subject to drug testing by the United States Anti-Doping Agency (USADA). A positive result for an IOC prohibited substance will be cause for disqualification from this event, and loss of eligibility. A negative test will demonstrate to the public and your competitors that you have earned your achievements ethically.

By registering to compete at this competition, you are consenting to be subject to drug testing on your urine, and accept the penalties if found positive for a prohibited substance. All athletes chosen are required to provide an acceptable specimen. Cooperation is mandatory; noncompliance will be cause for the same penalties as for a positive drug test.

Further information about the doping control process, the protection of your rights, and the status of specific medications is available from the U.S. Anti-Doping Agency and its Drug Reference Line (1-800-233-0393), 5555 Tech Center Drive, Suite 200, Colorado Springs, Colorado 80919-2372. The USADA website is [www.usantidoping.org](http://www.usantidoping.org).

Over-the-counter medications, nutritional supplements, and even natural herbal supplements may contain prohibited substances. Always check first with your team doctor or the Drug Reference Line before taking any medication prior to competition.

I understand that drug-testing may be conducted on a formal basis for athletes weighed-in for this event or program and that the detection of use of banned drugs would make me subject to suspension by my sport's national governing body and USOC. By registering for this event, I agree to be subject to a drug test and its penalties if declared positive for a banned substance. I am aware that failure to appear for and comply with the drug test will be cause for the same penalties as for those who are positive for a banned substance. I further understand that the practice of blood doping is banned by the USA Weightlifting, the USOC, the IWF and the IOC and that to do so would make me subject to punitive action within existing policies. \*\* Names of athletes who test positive, the name of the substance and length of suspension will be listed in on the USA Weightlifting website. I know that I may call the USADA Hotline (1-800-233-0393), for any questions about medications and banned substances or practices.

I understand that, if for some reason I elect not to continue in the competition to the completion of an official total, or do not total, that I will still be eligible for the random drug test, and I will report to the Doping Control Officer and advise him/her that I am making myself available for random drug testing. I will not leave the meet site until excused by the drug control officer.

**I understand that if I am a no show for drug testing, I am subject to receiving the maximum penalty of a 4-year suspension from the sport.**

**In providing my signature below I am signifying that I agree to all the terms, conditions, waivers, policies, descriptions and other information provided on the preceding pages of this document.**

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**IF ATHLETE WILL BE UNDER 18 AT TIME OF EVENT, PARENT/GUARDIAN MUST SIGN**

I have explained to my son/daughter the aforementioned releases and conditions, the aforementioned information on drug use and blood doping, the ramifications associated with their use, and the aforementioned information on drug testing. I further consent to his/her registration for this USA Weightlifting activity under the above stipulated conditions.

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

2018 National Under 25 Championships

April 19<sup>th</sup> – 22<sup>th</sup>, 2018 – Ogden UT

# OFFICIAL TEAM ENTRY FORM

**\$110/Team + \$10 Admin Fee for Paper Application**

Select one: \_\_\_\_\_ Men's Team \_\_\_\_\_ Women's Team

(Make copies as necessary for additional teams) Online entries can be made by clicking ([link here](#))

Please enter the following Team in the aforementioned event. Enclosed is a check for \$120.00, payable to the USA Weightlifting or credit card information below. I understand that if any athlete on my team tests positive for banned substance, that the team will receive no team points and will be disqualified from this competition.

This tentative team roster must be submitted and each athlete on this roster must submit an individual entry indicating that he/she represents this club. Proof of mailing is required, please see page 1, "Proof of Entry." Final team rosters need to be submitted to USA Weightlifting office no later than 7 (seven) days after the end of registrations. No more than 2 entries per class, eight per team plus two alternates.

USA WEIGHTLIFTING CLUB NAME \_\_\_\_\_ CLUB #: \_\_\_\_\_

CLUB ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CREDIT CARD ACCT# \_\_\_\_\_ EXPIRES \_\_\_\_\_

\_\_\_\_\_  
Visa, MasterCard, Discover, American Express

CARDHOLDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

	ATHLETE'S PRINTED NAME	WEIGHT CLASS	TOTAL
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

ALTERNATES:

1.	_____	_____	_____
2.	_____	_____	_____

SIGNATURE OF CLUB OFFICIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

CLUB OFFICIAL'S PRINTED NAME: \_\_\_\_\_