



Power Lifting Registration Form

Competition: _____
Local Program Name: _____
Local Program Coordinator: _____
Sport: _____ Power Lifting _____

List of Coaches

Last Name	First Name	Type	Cell Phone	Email Address
		Head Coach		
		Asst Coach		
		Asst Coach		
		Asst Coach		

(Required)
 (Optional)
 (Optional)
 (Optional)

**** Note: Please submit Class A Volunteer forms with your registration for any new Coaches/Unified Partners or Coaches/Unified Partners with expired forms. Please submit Medical Forms with your registration for any new athletes or athletes with expired forms**

List of Athletes		Qualifying Score= Points + Body Weight OR Weight Lifted + Body Weight												
	First Name	Last Name	DOB	M/F	Athlete's Body Weight (lbs)	Event Code	Qualifying Score	Event Code	Qualifying Score	Event Code	Qualifying Score	Event Code	Qualifying Score	Notes:
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

NOTES: _____