



2023 ALEXANDRIA SENIOR HIGH Invitational Meet

DATE: February 4 , 2022

MEET DIRECTOR: Jackie Skipper

SITE: Alexandria Senior High

800 Ola Street

Alexandria, LA 71303

DEADLINE: Entry's Forms e-mailed to me no later than **Tuesday, January 31, 2023.**

E-MAIL: jackie.skipper@rpsb.us

ALL WAIVER AND ENTRY FORMS CAN BE DOWNLOADED OFF LHSPLA WEBSITE.

ENTRY FEE: **\$20.00 FOR EACH LIFTER** - Limited lifters per team.

MAKE ALL CHECKS PAYABLE TO: **Alexandria Senior High**

ELIGIBILITY: Schools will be allowed to bring 15 lifters. Any lifter, who meets the eligibility requirements set forth by the LHSPLA in Article VIII of the constitution, are eligible to lift.

LIFTING SUITS AND SINGLETS ARE NOT REQUIRED.

WAIVERS: All lifters participating in the ASH Invitational Meet must produce a signed waiver to be eligible to compete.

UNIFORM: The LHSPLA uniform rule, Section III, rule 1 a-d, will be waived for all lifters.

ADMISSION: Adults: **\$10.00** (Children under school age get in free)

AWARDS: Medals for 1st—3rd place finishers in each weight class.

CONCESSION: No outside food or drink allowed

MUST FOLLOW ALL RPSB AND STATE COVID-19 GUIDELINES DURING THE MEET.

2023 Alexandria Senior High Invitational Meet

Schedule of Events

TO EXPEDITE THE CHECKING IN PROCESS, THERE WILL BE NO WEIGH-IN HELD ON FRIDAY NIGHT OR SATURDAY MORNING. EACH TEAM WILL BE ALLOWED TO WEIGH THEIR KIDS IN AT THEIR SCHOOLS. EACH COACH WILL BE RESPONSIBLE FOR EITHER E-MAILING OR FAXING THEIR TEAMS BODY WEIGHTS AND OPENERS TO E-MAIL - jackie.skipper@rpsb.us BY **TUESDAY, January 31**, SO THE BODYWEIGHT AND OPENER INFORMATION CAN BE PUT ON THE CARDS.

MEET SCHEDULE (BOYS/GIRLS):

February 4, 2023

CHECK-IN.....	7:00 - 8:30 A.M.
COACHES MEETING	8:00 - 8:30 A.M.
OFFICIAL'S MEETING.....	8:00 - 8:30 A.M.
WARM-UP.....	8:25 - 8:45 A.M.
REPORT TO PLATFORMS FOR RULES BRIEFING.....	8:45 A.M.
OPENING CEREMONIES	8:55 A.M.
LIFTING STARTS APPROXIMATELY	9:00 A.M.



ALL LIFTERS MUST SECURE SIGNATURE OF PARENT/GUARDIAN – FORM MUST BE COMPLETED USING AN INK PEN

LHSPLA/LHSAA Health Insurance Information Form 2022-2023

This form shall be turned into the Meet Director before participation in an LHSPLA/LHSAA sanctioned Invitational/Tri/Regional/State Meet will be allowed. Schools with group policies may submit a letter with their group policy information with a certified list of covered students. **The Meet Director has discretion to permit participation to accommodate unique circumstances regarding policy information.** I have read and understand the above information as it pertains to (lifter's name)

_____ Sex: M ___ F ___

participation in an LHSPLA/LHSAA sanctioned Invitational/Tri/Regional/State Meet for the 2022-2023 Powerlifting Season.

Address: _____

City: _____, LA Date of Birth: _____

Currently attends the ___th grade at _____ High School

Is covered by (check one): Regular/Indemnity ___ PPO ___ HMO ___ Point of Service ___

Medicaid ___ (Medicaid number ***must*** be listed on this form if that is the Insurance Provider of choice by the meet participant, form will be ***null and void*** without a correctly listed ***Medicaid Number.***)

Name of Insurance Company: _____

Name of Policyholder: _____

Policy Number: _____ Group Name or Number: _____

2022-2023 LHSPLA/LHSAA Invitational/Tri/Regional/State Meet Waiver

The undersigned, with full knowledge of the hazards and inherent risks of physical and mental injury involved in powerlifting competitions hereby release(s) all rights (known and unknown), claims, and interest for *any* injuries and/or damages against the LHSPLA, LHSAA, host schools, meet directors, officials, spotters, and loaders as a result of the named lifter participating in an LHSPLA/LHSAA sanctioned Invitational/Tri/Regional/State Meet during the 2022-2023 powerlifting season.

This waiver also releases the LHSPLA from any claims of liability (known or unknown) related to the results of a sanctioned LHSPLA/LHSAA Invitational/Tri/Regional/State Meet being published on its website. A student may be identified by first name and/or first initial of the last and the name of their school.

_____ Post my results on the LHSPLA/LHSAA website.

_____ Do not publish my results on the LHSPLA/LHSAA website

I have read and understand all of the information listed above.

Lifter's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Coach's Signature: _____ Date: _____

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