



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 AT THEIR SCHOOLS. EACH COACH WILL BE RESPONSIBLE FOR EMAILING THEIR TEAMS BODY WIEGHTS AND OPENERS TO – cord.larsen@cpsb.org BY TUESDAY, JANUARY 10TH, SO BODYWEIGHTS

AND OPENER INFORMATION CAN BE PUT ON CARDS AND ENTERED INTO THE SCORING PROGRAM. FAILURE TO TURN IN OPENERS BY TUESDAY, JANUARY 11TH COULD FORFEIT YOUR TEAMS ENTRY INTO THE MEET. ****NO CHANGING WEIGHT CLASSES AFTER THE MEET STARTS**** ONCE A LIFTER DECLARES A WEIGHT CLASS, THEY MUST LIFT IN SAID WEIGHT CLASS**** BODY WEIGHT AND OPENERS MUST BE TURNED IN BY TUESDAY JANUARY 10TH BY 3:00p.m.

MEET SCHEDULE (BOYS/GIRLS):

SATURDAY, JANUARY 14, 2023

CHECK-IN	<i>6:30 – 8:00 A.M.</i>
COACHES MEETING	<i>8:00 – 8:30 A.M.</i>
OFFICIAL'S MEETING	<i>8:00 – 8:30 A.M.</i>
WARM-UP	<i>8:25 – 8:45 A.M.</i>
REPORT TO PLATFORMS FOR RULES BRIEFING	<i>8:45 A.M.</i>
OPENING CERMONIES	<i>8:55 A.M.</i>
LIFTING STARTS	<i>APPROXIMATELY 9:00 A.M.</i>

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: _____

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