

## 2023 STA GATOR INVITATIONAL

- DATE: Saturday, February 4th, 2023
- MEET DIRECTORS: James Roberts, Dwayne Thomassee, & Chandra Ewen  
Phone: (225) 391-6001  
Cell: (225) 975-2923 (Best chance to reach me)  
E-Mail: [james.roberts@apsb.org](mailto:james.roberts@apsb.org)
- ST. AMANT HIGH SCHOOL**  
**12035 LA Hwy 431**  
**St. Amant, LA 70774**
- SITE: **ST. AMANT HIGH SCHOOL GOLD DOME - St. Amant, LA**
- DEADLINE: Entry's Forms emailed to me no later than  
**5:00 PM, WEDNESDAY, FEBRUARY 1st, 2023**  
E-MAIL: [james.roberts@apsb.org](mailto:james.roberts@apsb.org)
- **MEET WILL BE LIMITED TO 250 TOTAL LIFTERS!!!**
  - **FIRST COME; FIRST SERVED!!!**
  - **EMAIL ME ASAP TO SECURE YOUR TEAM'S SPOT!!!**
- ALL WAIVER AND ENTRY FORMS CAN BE DOWNLOADED OFF LHSPLA WEBSITE. LOOK UNDER 2022-2023 INVITATIONAL MEET LINK.**
- ENTRY FEE: **\$20.00 FOR EACH LIFTER – NO LIMIT ON THE NUMBER OF LIFTERS A SCHOOL MAY HAVE.**
- MAKE ALL CHECKS PAYABLE TO:**  
**ST. AMANT HIGH SCHOOL**
- ELIGIBILITY: Schools will be allowed to bring as many lifters as they wish. Any lifters, who meet the eligibility requirements set forth by the LHSPLA in Article VIII of the constitution, are eligible to lift at the STA GATOR INVITATIONAL. We will waive the LHSPLA uniform rule, Section III, rule 1 a-d, for all lifters for this meet.
- LIFTING SUITS AND SINGLETS ARE NOT REQUIRED.**
- WAIVERS: All lifters participating in the STA Gator Invitational 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.
- T- SHIRTS: Meet T-Shirts for sale: \$15.00
- ADMISSION: Adults: \$5.00 (Children 10 & under get in free)
- MEET PROGRAMS: Programs with trackers sheets available at the door for \$2.00 each
- AWARDS: Medals for 1<sup>st</sup>—3<sup>rd</sup> place finishers in each weight class.  
Outstanding Lifter Trophies: light and heavy platform-girls and boys.

# 2023 STA GATOR INVITATIONAL

## 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 EMAILING OR FAXING THEIR TEAMS BODY WEIGHTS AND SQUAT OPENERS TO [JAMES.ROBERTS@APSB.ORG](mailto:JAMES.ROBERTS@APSB.ORG) BY 5:00 PM WEDNESDAY, FEBRUARY 1<sup>st</sup>, SO THE BODYWEIGHT AND OPENER INFORMATION CAN BE PUT ON THE CARDS. NO WEIGHT CLASS CHANGES AFTER THE TEAM SHEETS HAVE BEEN SUBMITTED!!! BODY WEIGHTS WILL BE CHECKED AT THE END OF THE MEET IN THE CASE OF A TIE.

## MEET SCHEDULE (BOYS/GIRLS): FRIDAY, FEBRUARY 3<sup>rd</sup>, 2023

EARLY CHECK-IN .....6:00 – 8:00 P.M.

(Please call 225-975-2923 at least 10 minutes ahead to arrange.)

- *TAKE ADVANTAGE OF OUR EARLY CHECK-IN AND AVOID THE LINES IN THE MORNING.*
- *TEAM NEED NOT BE PRESENT.*
- *ALL YOU HAVE TO BRING:*
  1. *COPIES OF INSURANCE FORMS*
  2. *CASH OR A SCHOOL CHECK TO COVER ENTRIES (AND MEET T-SHIRTS)*
  3. *(OPTIONAL) TEAM SIZES FOR MEET T-SHIRTS*
- *WHAT YOU GET:*
  1. *TEAM PACKETS WITH LIFTER BANDS*
  2. *FIRST DIBS ON MEET T-SHIRTS @ \$10.00 EACH*
  3. *A CHANCE TO SLEEP IN A LITTLE LATER THE NEXT MORNING*

## SATURDAY, FEBRUARY 4<sup>th</sup>, 2023

CHECK-IN .....6:30 – 8:00 A.M.

COACHES MEETING .....8:00 – 8:15 A.M.(Hospitality Rm)

OFFICIAL'S MEETING .....8:15 – 8:30 A.M.(Hospitality Rm)

1ST FLIGHT WARM-UP.....8:00 – 8:45 A.M. (Upstairs in Gold Dome)

1ST FLIGHTS REPORT TO PLATFORMS FOR RULES BRIEFING.....8:45 A.M.

OPENING CEREMONIES.....8:55 A.M.

LIFTING STARTS.....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: \_\_\_\_\_

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