

# 2023 Battle on the Bayou



DATE: January 21, 2023

MEET DIRECTOR: Nicholas Guidry  
Phone: (985) 790-2307  
Email: [nicholasguidry@tpsd.org](mailto:nicholasguidry@tpsd.org)

SITE: **Terrebonne High School**  
7318 Main St.  
Houma, LA 70360

DEADLINE: Entry Forms e-mailed to me no later than Tuesday, JANUARY 17, 2023  
E-MAIL: [nicholasguidry@tpsd.org](mailto:nicholasguidry@tpsd.org)  
150 lifters is the maximum number that will be accepted.  
Since there are team awards, please indicate which lifters are on a team  
ALL WAIVER AND ENTRY FORMS CAN BE DOWNLOADED OFF LHSPLA WEBSITE.

ENTRY FEE: \$20.00 FOR EACH LIFTER – Unlimited lifters per team.  
MAKE ALL CHECKS PAYABLE TO: Terrebonne High School  
Put Powerlifting in the Memo section.

ELIGIBILITY: Schools will be allowed to bring as many lifters as they wish. Any lifter, who meet 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 Battle on the Bayou 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: \$8.00 (Children under school age get in free)

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.  
Boys and Girls team awards will be presented to the 1<sup>st</sup> place team.



### 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 – [nicholasguidry@tpsd.org](mailto:nicholasguidry@tpsd.org) BY TUESDAY, JANUARY 17<sup>TH</sup>, SO BODYWEIGHTS AND OPENER INFORMATION CAN BE PUT ON CARDS AND ENTERED INTO THE SCORING PROGRAM. FAILURE TO TURN IN OPENERS BY TUESDAY, JANUARY 17<sup>TH</sup> COULD FORFEIT YOUR TEAMS ENTRY INTO THE MEET. \*\*\*\*NO CHANGING WEIGHT CLASSES AT THE MEET\*\*\*\*\* 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 17<sup>TH</sup> BY 3:00p.m.

## MEET SCHEDULE (BOYS/GIRLS):

### SATURDAY, JANUARY 21, 2023

CHECK-IN .....	6:30 – 8:00 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 CERMONIES.....	8:55 A.M.
<b>LIFTING STARTS.....</b>	<b>APPROXIMATELY 9:00 A.M.</b>

**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**