

2024 LHSPLA Carencro Invitational



DATE: January 27, 2024

MEET DIRECTOR: Michael Courville
Email: macourville@lpssonline.com

SITE: Carencro High School - Gym

DEADLINE: 200 lifters is the cap for entries
When cap is reached, no more entries will be accepted.
Spots are only reserved upon receipt of nonrefundable check.
Check should be mailed early to hold spots. Roster not due until Monday, January 22.
Contact meet director to inquire if the meet is full, prior to mailing check
Waiver must be turned in on the morning of the meet, for each lifter.

ENTRY FEE: **\$30.00 FOR EACH LIFTER** – Unlimited lifters per team.
MAKE ALL CHECKS PAYABLE TO: *Carencro High School Powerlifting*
Spots are only reserved upon receipt of nonrefundable check
Contact meet director before mailing check to make sure meet is not sold out
If a coach scratches lifters, the coach can replace the lifter through January 22.
No refunds will be issued for any reason.

SPECTATORS \$10 spectator admission. Free for ages 5 and under.

ELIGIBILITY: Any lifter, who meets the eligibility requirements set forth by the LHSPLA in Article VIII of the constitution, is eligible to lift.

UNIFORM: Shorts and t-shirt are permitted

SCHEDULE CHECK-IN7:30 – 8:45 A.M.
COACHES & OFFICIALS MEETINGS9:30 – 9:45 A.M.
LIFTING STARTS.....10:00 A.M.

**ON THE MORNING OF THE MEET, COACH MUST SUBMIT
WAIVER (SEEN BELOW) FOR EACH ATHLETE.**

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

LHSPLA/LHSAA Health Insurance Information Form 2023-2024

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 2023-2024 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: _____

2023-2024 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 2023-2024 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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