

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

**LHSPLA/LHSAA HEALTH INSURANCE INFORMATION FORM**

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 2020-2021 Powerlifting Season.

Address: \_\_\_\_\_ City: \_\_\_\_\_, LA  
Date of Birth: \_\_\_\_\_ Currently attends the \_\_\_\_\_ 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: \_\_\_\_\_

**2020-2021 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 Regional or State Meet during the 2020-2021 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 of 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\_\_\_\_\_ Do not publish my results on the LHSPLA/LHSAA website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 or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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