

POWERLIFTING

ATHLETE FORM

INSTRUCTIONS

- 1 Enter the last name, first name, date of birth, and gender of all athletes that are being registered.
- 2 Athletes must be 14 years old as of the day of the event. Athletes may enter Bench Press, Dead Lift, and Squat.
- 3 Flights will be by weight class.
- 4 Lack of entry score at registration or weigh in will result in an athlete being placed in a higher division.
- 5 Enter each athletes maximum lift (in pounds) and the appropriate code for their weight class.
- 6 Accuracy of entry score is crucial for fair competition and divisioning. **THERE IS NO DIVISIONING ROUND IN THIS COMPETITION.**

TEAM NAME	
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REGION	
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ACTIVE ATHLETES			NICKNAME	DATE OF BIRTH	GENDER		CLASS CODE	BENCH PRESS	DEAD LIFT	SQUAT	COMBO
#	LAST NAME	FIRST NAME		(MONTH/DAY/YEAR)	M	F					
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											



CLASSIFICATION CODE

MALE WEIGHT CLASS	CODE
111 lb (53 Kg)	A
130 lb (59 Kg)	B
145.5 lb (66 Kg)	C
163 lb (74 Kg)	D
183 lb (83 Kg)	E
205 lb (93 Kg)	F
231 lb (105 Kg)	G
264 lb (120 Kg)	H
264.75+ lb (120+ Kg)	I
FEMALE WEIGHT CLASS	CODE
95.75 lb (43 Kg)	J
103 lb (47 Kg)	K
114.50 lb (52 Kg)	L
125.50 lb (57 Kg)	M
139 lb (63 Kg)	N
158.5 lb (72 Kg)	O
185 lb (84 Kg)	P
185.25+ lb (84+ Kg)	Q

***Special
Olympics***
New York



POWERLIFTING

COACH FORM



**Special
Olympics**
New York



INSTRUCTIONS							
1. All coaches within your quota must be certified.							
2. All volunteers for team must be registered. This includes coaches, agency staff, one-on-ones, etc.							
3. Alternate coaches are to replace coaches unable to attend games.							

TEAM NAME				REGION			
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ACTIVE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							

1:1 CHAPERONES (MUST BE CLASS A CERTIFIED)			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							

ALTERNATE COACHES			DATE OF BIRTH (Month/Date/Year)	GENDER		Certification Current?	
#	Last Name	First Name		M	F	Yes	No
1							
2							
3							
4							
5							