

# 2014 AAU NATIONAL Bench Press Push/Pull & Dead Lift only Regional Bench for reps competition



**Date:** 13 December 2014

**Venue:** Metroflex Gym: 1950 West Rose Garden LN STE 130 Phoenix, AZ 85027

**Meet Director:** Paul Gillott [psgillott@cablone.net](mailto:psgillott@cablone.net) (928) 899-4223

Local Contact: Josh Barnett @ Metroflex (260) 341-0000

**Testing:** Any athlete entered may be subject to drug testing per AAU procedures.

**Eligibility:** Must be a current member of the AAU.

**Divisions:** All weight classes listed below are provided in all divisions for both men and women. *Both Raw and equipped*

**Youth** (6-7,8-9,10-11,12-13) **Raw Teen**(14-15,16-17,18-19),**Teen**(14-15,16-17,18-19)**Junior**(20-23) **Open, Sub-Masters**(35-39)**Masters** 40-44,45-49 etc. in 5 year, **Lifetime Masters, Raw Youth, Raw Teen, Raw Junior, Raw Open, Raw Sub masters, Raw Masters**(40-44,45-49 etc. in 5 year increments) **Raw Lifetime Masters** (5 Yrs) **Law/Fire** (active, retired), **Military**(active, retired, reserves) , **Disabled by weight and age Blind/Dwarf/Wheel Chair**

**Weight Classes:** Men: + Youth 66, 77, 88, 97, 105 ALL 114,123,132,148,165,181,198, 220 ,242, 275,308, 308+  
Please circle

Women: Youth 66, 77, 88, ALL 97,105 114,123,132,148,165,181,198,198 220, 220+

**Weigh-ins:** Early weigh-in is 5:00-6:30 PM, 12 December & Regular weigh-ins is 8:00 am to 9:00 am 13 December

**Lifting Schedule:** Saturday 13 December; lifting starts at 10:00 A.M. Bench for reps competition will be at the conclusion of main competition

**Awards:** First thru Fifth (MINIMUM) Best lifter awards in many divisions. Team Trophies first thru fourth place

**Fees:** Bench only, dead only & push /pull \$60 for each division entered (Students W/ID \$50). Crossovers to additional age groups \$15. Bench for reps competition \$10 with regular meet entry or \$20 as a separate event.

All lifters must have a current AAU membership card \$24 for adults and \$16 for youth 18 and under

**AAU CARDS** AVAILABLE ONLINE AT [WWW.AAUSPORTS.ORG](http://WWW.AAUSPORTS.ORG) ` ALL CARD MUST BE BOUGHT ONLINE PRIOR TO THE MEET AND PRESENTED AT WEIGH-INS/CHECK-IN ! AS PART OF THE CARD PROCESS, ALL LIFTER AGE 20+ WILL HAVE A BACKGROUND CHECK PERFORMED. PROCESS CAN ADD A WEEK TO CARD APPROVAL

**Entry deadline is Dec 5th**

**LATE ENTRIES WILL BE ACCEPTED, \$20 late fee will apply ! No refunds!**

**Make checks or money orders payable to:**

**Sara Gillott**

930 Sunlit Dr

Prescott, Arizona 86303

E-MAIL [psgillott@cablone.net](mailto:psgillott@cablone.net)

- This event is Licensed by the Amateur Athletic Union of the U.S., Inc.
  - All participants must have a current AAU membership.
- AAU membership is not included as part of the entry fee to the event.
- AAU membership must be obtained before the competition begins.

**First 60 lifters to register will receive a free AAU T-Shirt**

**Circle shirt size: S M L XL XXL XXXL**

**2014 AAU National Bench, Deadlift, and Push/Pull Meet  
And regional Bench for reps competition  
December 13<sup>th</sup> 2014**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ A.A.U. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Weight Class \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex \_\_\_\_\_

E-Mail address \_\_\_\_\_

PLACE "B" for Bench, "D" for Deadlift, "P" For Push/pull and "BR" bench for reps in appropriate block!

**Single Ply**

Open: \_\_\_\_\_ Teen \_\_\_\_\_ Youth \_\_\_\_\_

Junior \_\_\_\_\_ Sub Master: \_\_\_\_\_ Master: \_\_\_\_\_ Law/Fire: \_\_\_\_\_

Military \_\_\_\_\_ Lifetime Masters \_\_\_\_\_

**Raw**

Raw Open: \_\_\_\_\_: \_\_\_\_\_ Raw Teen: \_\_\_\_\_ Raw Youth: \_\_\_\_\_

Raw Junior \_\_\_\_\_ Raw Sub Master: \_\_\_\_\_ Raw Master: \_\_\_\_\_

Law/Fire \_\_\_\_\_ Raw Lifetime Masters \_\_\_\_\_

Raw Military \_\_\_\_\_

Disabled: \_\_\_\_\_ (specify, Dwarf, Blind, Wheel Chair)

**AAU Powerlifting Waiver and Consent**

In order to be able to participate in this or any other AAU Powerlifting event, I hereby consent to be drug tested by urine analysis or whatever other method is chosen by the AAUPC. I agree if I fail or refuse to be tested that I will automatically be disqualified from the event(s) and may be subject to further penalties under the AAU Code. I further consent to the publication of my test results and/or my failure/refusal to test in sole discretion of the AAUPC.

I understand that both the collection process and testing procedures will be performed by a third party (not AAUPC or AAU) I hereby release, discharge and covenant not to sue the AAUPC and/or the AAU, their respective administrators, directors, agents, officers, members, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which any AAU activity takes place (each considered one of the releases) , from all liability, claims, demands, losses, or damages on any account caused or alleged to be caused in whole or in part by any and all of the releases or otherwise, relative to the drug testing, the publication(s), or any matter related to this event, and further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, such a claim is made against any of the releases, the undersigned will indemnify, save and hold harmless each of the releases from any litigation expenses, attorneys fees, loss, liability, damage, or cost which may occur as a result of such claim.

The parties agree that if any portion of the consent/release shall be deemed invalid and/or unenforceable, the rest of such consent/release shall remain in full effect.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or Guardian: \_\_\_\_\_ if under age 21

AMATEUR ATHLETIC UNION POWERLIFTING DRUG-TESTING

CONSENT FROM

By signing this form, I \_\_\_\_\_ affirm that I am aware of the  
(Please Print Name)

Amateur Athletic Union Powerlifting (AAUPC) drug-testing program and have read the Adult Substance Abuse Program Summary.

I acknowledge that doping or the use of drugs before or during competition is prohibited and a violation of the AAU Code.

I consent and agree to urine drug testing to participate in any and all AAUPC events.

I understand and agree that the collection process and testing procedures will be performed by a third party and in accordance with the AAU Powerlifting Drug Testing Policy.

I acknowledge that AAUPC shall notify me of the results of the test by certified mail, return receipt requested, to the address I provide below. **I FURTHER ACKNOWLEDGE AND AGREE THAT SHOULD NOTICE OF A POSITIVE TEST BE RETURNED FOR ANY REASON TO AAUPC, THE AAUPC SHALL HAVE THE RIGHT TO POST MY NAME ON THE SUSPENSION LIST LOCATED ON THE WEB PAGE OF AAU POWERLIFTING.**

I acknowledge that if I test positive, refuse to be tested, and/or fail to appear for testing, I will automatically be disqualified from any and all AAUPC events and may be subject to further penalties and/or sanctions under the policies and procedures set forth in the AAU Code.

I acknowledge that I may request a hearing before the AAU Review Board to challenge my disqualification from any and all AAUPC events.

I acknowledge and agree that this Consent shall be in effect for one (1) year from the date of signing. The parties herein agree that if any part of this Consent shall be deemed invalid and/or unenforceable, the remaining terms and provisions of said Consent shall remain in full force and effect.

I acknowledge that I have read this Consent and fully understand and agree with its contents. I further acknowledge that if I am selected to be tested, I may be required to sign another Consent Form.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

MEMBERSHIP NUMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ NEW MEMBER \_\_\_\_\_

WITNESS (PRINT NAME) \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_