**AFTON HIGH SCHOOL**

**POWERLIFTING FORM**

SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COACH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF LIFTER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEIGHT DIVISION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL CLASSIFICATION: (Circle One)

Small School (4A 3A 2A A B C)

We, the undersigned, agree not to hold the Oklahoma Football coaches Association and / or host school and officials liable in the event of an accident. We further agree to abide by all rules and regulations established by the OFBCA AND OFBCA POWERLIFTING ASSOCIATION.

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(Signature of Lifter) (Signature of Parent / Guardian)

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(Signature of Coach)

**NOTE:**

1. Each lifter is to complete and sign this form by deadline.
2. Coach may copy this form as needed.

* RETURN TO CONFIRM.
* TO THE MEET DIRECTOR: IKE MUSTAIN

Work- (918) 257-8303

Cell #- (918) 961-1647