

OFBCA REGIONAL / STATE POWERLIFTING FORM

EL RENO HIGH SCHOOL

SCHOOL: _____ COACH: _____

NAME OF LIFTER: _____ WEIGHT DIVISION: _____

SCHOOL CLASSIFICATION: (Circle One)

Large School (6A 5A 4A 3A)

Small School (2A A B C)

We, the undersigned, agree not to hold Broken Bow Public Schools and 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.

(Signature of Lifter)

(Signature of Parent / Guardian)

(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.

**DIRECTOR: Fieldhouse: 405-262-1754
Cell: 936-465-8472