

AAU POWERLIFTING MEET DIRECTOR'S HANDBOOK



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General Information – Meet Director

The first thing that a AAU meet director must do is to put in place a thinking process. The process needs to be detailed enough to measure the progress that the AAU meet director is making toward the day of the AAU meet. The important point is to develop one that will fit the AAU meet.

1. Before contacting the state chair, the AAU meet director should decide on possible dates, type of meet and possible locations. Visit the locations and ask questions. When dates have been decided on, the type of AAU meet to be put on then you are ready to contact to the State chair and/or District Office. Be aware of other organizations holding AAU meets that will interfere with yours.
2. Once you contact the State Chair with the information you will need to firm up the dates, verbally apply for the sanction, set up a time line and start advertising the meet.
3. Now is the time to formally begin planning your meet. The meet director needs to check prices on meet sites, awards, rentals etc. You will need to line up volunteers, equipment, vendors and sponsors. Many sponsors will need between 60-90 days notice.
4. A budget needs to be formed. This is important in order to determine what you will charge for entry fees, door fees, money from vendors and what money you will need up front for rentals. Don't expect a turnout of 70-80 athletes, most meets average 40-50 in the area.
 - a. meet site
 - b. equipment rentals
 - c. volunteer expenses
 - d. awards
 - e. drug testing
 - f. mailing and publication
 - g. t-shirts
 - h. equipment purchase
 - i. hospitality / food
5. Confirm any rentals, meet sites or other bookings. Submit the meet sanction to the National Office, meet site contract signed, advertise and marketing done, get volunteer commitments, order awards and order t-shirts.

6. When visiting the meet site take into consideration that you will need the following:
 - a. weigh-ins (remember both sexes)
 - b. check-in / registration
 - c. warm-up room area
 - d. vendor locations
 - e. lifting in the venue
 - f. audience seating
 - g. scorers table location
 - h. lifters area to dress and shower
 - i. awards table
 - j. rooms for the drug testers
 - k. equipment check
7. Once the meet is over the meet director's job is not done. You will need to cleanup the meet site, return equipment rental, publish news release, send in results to the State Chair and National Office along with pictures if you have any and send out thank-you notes to your volunteers and referees. It is very important that you get the meet results in. This is the only way to credit records, ensure the correct amount of drug testing and give the athletes their "day in the sun".

AAU Logo

The AAU logo is a protected item. The AAU meet director may use it on entry forms, programs etc but must use it according to procedure. The size must be used as given by stencils provided by the National Office. The colors must be as described.

AAU Insurance

There are two types of insurance. The Sports Accident Insurance Program is insurance that the AAU athlete receives with their membership and is paid for through membership fees. The Sports Liability Insurance Program is insurance that the AAU meet director receives with the purchase of the AAU club/team membership. The meet director is required to purchase the club membership before his AAU meet.

Sports Liability Insurance Program Summary

This insurance is received through the AAU club/team membership. This membership is purchased one time per year. It must be purchased before a sanction can be approved. Only sanctioned AAU meets and/or organized and supervised practices are covered. If the club has a dedicated workout area used only by AAU athletes at specified and supervised times, the team may also be

covered. Practice schedules must be filed with the local AAU association. A supervising coach or manager must be in attendance. The brochure sent with the team/club membership explains what is and is not covered. The meet director should read this carefully. Any questions should be directed to the National Office.

Certificates of insurance may be requested if needed by rental agencies. They are requested through the local association office. All requests are made in writing on a "Request for Certificate of Insurance" form and must be accompanied by a check if requested 30 days prior to the meet date. The fee is \$100.00 if requested later. Make sure a complete address is given for the third party requesting the certificate since the certificate is sent directly to them.

It is very important that all reporting be done promptly. A claim is an actual demand for damages by a third party. An incident is an occurrence that may result in a claim. All incidents and claims should be reported immediately by telephone to the AAU National Office. A written report must be made as well. All serious incidents should also be reported to the AAU Insurance Program Administrator, "American Specialty Insurance Services (1-800-566-7941)". A serious incident is one requiring an emergency or hospital visit. Minor incidents should have an AAU Incident report completed and submitted. **When in doubt always call.**

Sports Accident Insurance Program Summary

This is the insurance that covers all registered AAU athletes, officials, coaches and volunteers of AAU. The brochure sent with the AAU membership explains what is and is not covered. The meet director must be aware of this coverage as well. Any questions should also be directed to the National Office. Claims may be made by securing and completing an "Incident Report Form" obtained from the local AAU association office. These reports must be filed within 30 days of the accident. All sections must be filled out and include the sanction number and a signature of a local AAU association officer. American Specialty will require all bills, receipts, etc. They will also require complete names and addresses of all doctors and facilities. Treatment must be received within 180 days of the accident; benefits will only extend to 52 weeks following an accident. It is plain to see that an injured athlete will need assistance from the meet director to meet the obligations required. Make sure that he has assistance at all times following the accident. To receive information regarding a claim, call the AAU Insurance Program Administrator at 1-219-672-8800.

Personnel / Volunteers

1. Check-in / registration – Will need 1-2 people that know the check-in system. You will need someone who is familiar with the membership forms and the drug testing consent forms. Someone who is familiar with the legal and illegal equipment to do equipment check.
2. Vendors – A minimum of 1 full-time is needed while sales occur.
3. Door Sales – 1-2 people full-time will be needed at the door at all times. This is where you can recoup some of your expenditures.
4. Next Attempts – 1 person per platform
5. Platform – 4 personnel minimum, 5 personnel for the 198 lb weight class and above. A change of crew is advised, people will be tired after the squat. Appoint one person to be the platform manager.
6. Scorers Table – Speaker / Announcer with score cards and one person to fill score sheets out.
7. Time Keeper – If the referee on the platform are not keeping the time, one time keeper per platform will be needed.
8. Runner – During the meet the meet director will always be busy. He/she will need at least one person to serve as an assistant.

Meet Announcements

Meet announcements are one of the most important things to be done before and during a meet. This is often the only communication between the meet director and the athlete. The appearance of the announcement will often determine whether an athlete will come to the meet or not. Introduce your referees, any invited guests, introduce yourself and any housekeeping rules for the venue. Your vendors need to be announced throughout the meet to remind the athletes that items are for sale.

Meet Flyer

Make sure your meet flyer has the following items on it:

AAU logo, meet name and location, date, weight classes, basic rules for entry, lifts, divisions, awards, weigh-in times, lifting time, fees, vendors present, nearby hotels and phone numbers, if drug testing is going to be done, entry deadlines and policies.

Required information from the lifter

Full name, address, date of birth with age, day/evening telephone number, email address, divisions and weight classes, sex and AAU membership number.

Referees

Referees need to be contacted in advance of the AAU meet. Do not expect them to just show up. Remember referees will be needed at the weigh-ins and during the meet, for drug testing after the meet. You will need a head referee who is appointed by the meet director; chief referee (one per platform) appointed by the head referee, 5 referees per platform or be prepared for frequent breaks. A jury for large meets and national championships. Weigh-ins will need 2-3 with one being a woman. You will need a referee to perform the mandatory equipment check at weigh-ins. All referees must have a current AAU membership card in order to referee a meet. It is up to the meet director to verify membership.

Awards

Be creative. Meet directors need to remember that the money to pay for these awards usually comes from the meet entry fees. It is a good idea to find sponsors to help with the cost of awards.

Examples: trophies, plaques, certificates, sculpted trophies, jackets, belt buckles, watches, medals

Vendors

It is good for meet directors to invite local merchants or other vendors that sell powerlifting equipment. It is often a boost in sales for them. It is an opportunity for athletes to purchase equipment forgotten or replace items. It is a source of income for the AAU meet director by requiring a fee to sell at the meet.

Be cautious about promising large sales. Be aware of vendors who sell banned substances, enhancements and illegal equipment. If in doubt verify on-line at AAUsports.org website.

Consider vendors that sell: equipment, food, medical/chiropractic services and massages. Create a unique meet t-shirt to sale.

Fees may be charged to vendors. Typical charges in the past have been \$100.00 for large meets. The actual amount will depend on the type of AAU meet, the size of the meet and special occurrences "Nationals".

Medical

This is often a neglected part of the AAU meet planning. One of the most important parts of the AAU club membership is the insurance that is provided to an AAU meet. As part of the planning, become familiar with it. Have a list of local emergency services handy, have AAU insurance available, contact your local EMS/Fire Services and let them know when the event is, they may come and stand by.

Meet Weigh-ins

Early weigh-in (runs for 1 ½ hours and may occur up to 24 hours before the meet starts. Weigh-ins on meet day will run for 1 ½ hours and must end ½ hour before lifting starts.

At weigh-ins you should have two digital scales (male/female) along with two referees to weigh. Make sure your scales are not sitting on carpet but on a hard service so the weights will be accurate.

Check-in / Registration

At the check-in the meet director needs to be present. The job duties would entail verifying that all athletes have a current membership card, drug testing consent forms are signed, athletes are registered in the appropriate weight class and weigh-ins are done, collect any fees that may be owed, get rack heights for squats and answer any questions regarding the flights that are posted. Equipment check will be done at this time. Prior to the meet or during the meet is not the time to check equipment.

Warm-up Room / Competition Area

Warm-up stations must be set-up including squat racks; benches are present along with deadlift equipment. There should be Clorox/water, mop, broom, wire brush, medical clothes, chalk, baby powder, first aid kit, chairs or benches, PA system and kilo charts posted if lifting in kilos.

The World and American records should be downloaded the week before and have them available in the warm-up room and competition area for the lifters to access the records.

It is recommended that you have either fans or heaters available (depending on outside temp) for the warm-up and competition area. Have enough chairs in the

competition area for the athletes to sit by the platform instead of in the audience as this will speed up the lifting time.

Have a copy of a current rule book on the scorers table in the competition area for reference should a rule be challenged. You will need some form of a backup light system (flags or cards).

Lifting Equipment

Refer to the AAU Powerlifting Rule Book available on-line for current list of required equipment.

AAU Powerlifting Important Information to Remember (revised 2011)

All lifters are required to wear a wrestling singlet!!!

This meet may be drug-tested! If you are on any medication make sure you have a doctor's note with the drugs listed along with the physician's signature. All drug testing will be done at the end of the day. If a lifter leaves the meet prior to athlete's being chosen for drug testing you will be disqualified from the meet. Some meets may do out of meet testing!

NO THUMBLESS GRIP is allowed as of 2009 in any AAU meet. All thumbs must be wrapped around the bar.

Openers are needed at weigh-in. Please have them ready to be recorded in kilos..

Next attempts during the meet have to be given within 1 minute of walking off the platform. This will be enforced during the meet.

THERE IS A NEW RULE CHANGE FOR UNDERGARMENTS! Athletic supporter or a standard non-supportive commercial briefs, boxers, or boxer-briefs of any mixture of cotton, nylon, or polyester shall be worn under the lifting suit by both sexes for both raw and equipped competition. The length of the leg measured from the crotch shall not exceed 15 cm (5 7/8 inches). The leg shall not protrude from beneath the lifting suit at any time.

All athletes regardless of gender are NOW REQUIRED to wear a shirt on all 3 lifts (squat, bench, deadlift). The shirts have to have sleeves but cannot touch the elbows and cannot have pockets. T-shirts will not be allowed if they have any obscenity wording or pictures on them.

No fused material or double ply equipment is allowed.

If you use a "Valero" belt it cannot have the padding in the back of it, if it does please make sure that it is cut out before you attend weigh-ins. No Velcro belts are allowed.

No canvas shirts, No BOSS suites (fused material), no groove briefs. No shorts or tank tops

Rules briefing is mandatory.

There will be a mandatory equipment check at weigh-in. All equipment will be checked and marked before you will be allowed to lift. All undergarments will be checked also.

No cross-overs will be allowed at registration

You will be lifting in kilos but the warm-up room may be in pounds

No ammonia capsules or smelling salts allowed on the platform! If you are under the age of 18 years you are not allowed to use ammonia capsules or smelling salts. Adult lifters may use the ammonia off the platform.

COACHES!!! If you are going to be on the platform or in the lifting corral with your athlete(s) it is now mandatory by AAU that you have a coaches (non-athlete) membership. This membership must be done on-line before attending the meet. Only one (1) coach will be allowed in the lifting area. If you are participating as an athlete and helping as a coach you only need to purchase your athlete membership card. You do not need a coach's membership also.

All athletes will be required to have a valid AAU card. Please purchase card on-line and bring a copy with you to registration. You cannot purchase your card at registration any longer.

Make sure you know the rules and commands for this meet. If you are in doubt about the commands and rules go to the AAUsports.org website to review the rule book or a shorter version may be emailed to you.

We will have a lifter's program posted at the venue for you. This is strictly for information purposes only. It is up to you to know who you are competing against. We will try and update the weight classes as they change but cannot guarantee this.

If you have a medical condition that requires special equipment please let us know as you may be required to have a physician's note.

All teams must have a **CLUB MEMBERSHIP!** This has to be done on-line prior to the meet. You are not an official team unless you have a club membership. The meet director will verify membership prior to awarding team trophies.

Meet Director's Checklist – Pre-Event Information

Title of the meet_____

Location:_____

Date(s):_____

Meet Director(s):_____

Pre-Event Information:

Possible dates

Type of AAU meet

Sanction request form

Prepare meet flyer(s) and application

Sanction approval form from National Office

Obtain venue site (visit them, ask questions)

Obtain equipment

Contact sponsors

Contact referees

Contact volunteers

Check prices on trophies, medals

Drug testers (if testing at meet)

Contact State Chair (if applicable) with meet information

Meet t-shirts (if applicable)

Hospitality room (food for volunteers, referees)

Print AAU Records

Hotel rooms for lifters and referees



AAU Registration Card Invoice

Meet Director _____

Name of Sanctioned Meet _____

Location of Meet _____

Date _____

Youth (5-19) \$12.00 Number of Youth Lifters _____

Adult (20-99) \$32.00 Number of Adult Lifters _____

Non-Athlete \$14.00 Number of (Coaches/Volunteers/Officials) _____

Youth/ AB (5-19) \$14.00 Number of Youth Lifters _____

Adult/ AB (20-99) \$37.00 Number of Adults Lifters _____

Non-Athlete AB \$16.00 Number of (Coaches/Volunteers/Officials) _____

Total amount of Personalized Checks _____

Total amount of Meet Director Check _____

Total amount of \$ _____

Enclosed All Signed Registration Forms Along with Checks
Mailed to:

AAU NATIONAL HEADQUARTERS
C/O Ivy Schuler
PO Box 22409
Lake Buena Vista, FL 32830-2409



Meet Directors Drug Testing Fees Invoice

Meet Director _____

Name of Sanctioned Meet _____

Date of Meet _____

Location of Meet _____

Number of Adult Lifters _____ X \$5.00 = _____

(19 years of age and older)

Check Number _____ Money Order Number _____

Name of Person on the Check _____

**Enclose Check or Money Order along with All Signed Drug
Waiver Forms and a set of Meet Results**

**Mail to : AAU NATIONAL HEADQUARTERS
C/O Ivy Schuler
PO Box 22409
Lake Buena Vista, Florida 32830-2409**

AAU Meet Directors Meet Administration

Prior to any meet, every director must complete certain administrative activities. These activities are required either by the rules for AAU Powerlifting (AAUPLC) or by the Policies and Procedures of the AAU itself. This section is intended to be a summary of those activities. There needs to be some pre-planning for your event. This is primarily for advertising purposes and for the 90 day window established by the AAU to process insurance. Within this time frame, the following things are required.

1. You will need to obtain or renew your own personal membership to the AAU as well as your powerlifting club's membership. Your club will need to be at least a Club Level II or III member. Both memberships can be obtained on-line by using a credit or debit card or by mailing the applications you find on the National website, www.aausports.org. To register on-line just click on any JOIN AAU icon. You can mail your applications to the National office to the attention of Ivy Schuler, AAU Headquarters at P.O. Box 22409, Lake Buena Vista, Florida 32802 with the appropriate fees. If you have any questions you may reach Ivy at 407-934-7200.
2. Next, you will need to obtain the meet sanction prior to 90 days before the meet. You must obtain the event sanction form from the National website, www.aausports.org. This is sent to Ivy Schuler along with a copy of your meet flier. You must do this prior to mailing out the meet flier. If you need an insurance certificate for your facility, this application is available on-line. Download it and send it to Ivy with your event sanction and all the appropriate fees. When developing your meet flier, do not use the word Olympic. The USOC retains sole control over the use of the word.
3. While you are waiting for your event sanction to be processed, you should notify the AAU District in which the meet will be held. The District can complete your club membership and individual membership requirements but policy dictates that powerlifting sanctions may only be approved through the national office. If the District office you contact has questions, they should contact Ivy.
4. Once the National office approves your meet flier, make sure that Ivy has a copy either by email to ivy@aausports.org or by mail. Your flier will be posted on the AAU web site and your meet dates noted on the calendar. Also, send your meet announcement to PLUSA for the calendar there.
5. If you are going to hold more than one meet per year, try to sanction them all at one time for the year, it could save you money. You will save money doing so. Ask Ivy how to do this.

Once you have completed the membership and sanctioning requirements, you will need to complete the forms located in the powerlifting section of the National AAU website or from your meet director's handbook. If you do not have a meet director's handbook, please contact Ivy Schuler at National headquarters to request one.

1. The first form is the "Drug Testing Consent Form". This form is to be filled out at the meet site prior to competition. It gives the AAUPLC permission to add the lifter to the drug-testing program. This form must be signed and sent to Ivy Schuler at National Headquarters following the meet. If this form is not filled out and returned, it is as if the lifter never competed. It is a good time to give the lifter the drug testing summary sheet and ask the lifter to read it. Be sure that everyone prints carefully.
2. The cost for the drug testing program is \$5.00 per adult lifter (19 years and older). This cost should be included into the meet participation fee. This fee is sent along with any AAU membership fees collected at the meet to Ivy Schuler at the AAU National office in Florida. It is a mandatory fee from the sports committee.
3. To arrange for drug testing to be done at your meet, please contact Ivy Schuler at the National Office with the dates and location of your meet. The drug testing officials will contact you for information.

The meet director must arrange for the referees for the competition.

1. All referees must belong to the AAU prior to officiating on the platform. It is recommended that the meet director request to see a copy of the AAU card of the referee scheduled or make sure that his/her membership is purchased at the meet.
2. The AAUPLC has a grandfather clause to use referees from other powerlifting associations. Prior to the meet, the meet director needs to send a list of the incoming referees to the referee chairman **Larry Larsen, 155 Belcher Street, Holbrook, MA 02343** or email to Powerrack@comcast.net. You should include a small resume for each incoming referee including any other organizational affiliation. It needs to be done 30 days prior to the competition. Special consideration may be received by petitioning the Referees Committee Chair, Larry Larsen.
3. If the referees at the meet do not conform to the rules of AAUPLC, then the meet results can't reflect records; recognize championships or qualification totals etc.

These final administrative duties need to be completed following the meet.

1. All fees collected for membership and drug testing need to be sent to the AAU National office in Orlando, Florida. This must be done no later than 15 days following the meet. All meet results must be emailed to Ivy. The address is:

AAU National Office
Ivy Schuler
P. O. Box 22409
Lake Buena Vista, Florida 32830

2. If an AAU American or World record is set, a copy of the meet results must be sent to Judy Wood or emailed. Records will be verified by the meet results. This must be done no later than 15 days following the meet. All records will be entered by the lifter as a dispute and Judy will verify the dispute.

Judy Wood
6108 Pine Slash Road
Mechanicsville, VA 23116
vapowerlifting@aol.com

3. Email or send a copy of your meet pictures for the website to Ivy at National Office. This must be done no later than 15 days following the meet.

Ivy Schuler
AAU National Office
1910 Hotel Plaza Blvd
Lake Buena Vista, Florida 32830
aaupowerliftingrecords@hotmail.com



AAU EVENT SANCTION REQUIREMENTS

IMPORTANT INFORMATION

PLEASE READ AND SIGN BEFORE COMPLETING THE SANCTION APPLICATION FORM

AAU Event Sanctions will be granted to Club Levels 2 or 3 only.

Sanction will be valid only for the dates listed on application

An Event Flyer is required to process all sanction applications

IN CONSIDERATION OF THE GRANTING OF THIS SANCTION BY THE AAU, the Member Club organizing the event / activity agrees to the following:

1. To host said event.
2. All participants in the sanctioned event must be members of the AAU, in the appropriate category.
3. To abide by the AAU code and its policies & procedures.
4. To comply with all local, state, and federal laws.

I AGREE TO THE ABOVE: _____ DATE__/__/____
Event host signature

Sanction:

\$50 per day, up to a maximum of \$350 for all sanction applications completed 31+ days prior to the event.

Adult sanction applications require an additional \$20 flat fee (adult athlete participants)

Expedite Service:

Event start date is 0-15 days from today \$100 + sanction fee

3rd Party Insurance Certificate:

You may now request and pay for third party insurance certificates at the same time as submitting your event sanction application.

\$35 (maximum of 200 facilities) for all applications completed 31+ days prior to the event start date.

Expedite Service:

Event start date is 0-15 days from today \$100 + \$35

Event start date is 16-30 days from today \$65 + \$35

AAU EVENT SANCTION APPLICATION

ALL Event Applications must be sent to the AAU National Office, P.O. Box 22409, Lake Buena Vista, FL 32830 for processing and REQUIRE a flyer for posting on the AAU Find an Event Site

DATE(S) OF SANCTION ____/____/____ TO ____/____/____ TOTAL # OF DAYS: _____ SPORT _____

EVENT NAME CLUB CODE EVENT DIRECTOR NAME

E-MAIL ADDRESS OF EVENT DIRECTOR () DAYTIME PHONE NUMBER () FAX NUMBER () CELL NUMBER

ADDRESS OF EVENT DIRECTOR CITY STATE ZIP

EVENT CATEGORY (✓ CHECK ONE CATEGORY ONLY)

☐ DEMONSTRATION / CLINIC (No overnight clinics) ☐ INVITATIONAL ☐ PHYSICALLY CHALLENGED ☐ DISTRICT CHAMPIONSHIP

☐ LEAGUE ☐ INTER-DISTRICT ☐ MULTI-SPORT / SPORTS FESTIVAL ☐ PRELIMINARY

NATIONAL SPORTS COMMITTEE EVENTS

☐ CHAMPIONSHIP ☐ DEMONSTRATION/CLINIC ☐ INVITATIONAL ☐ LEAGUE ☐ REGIONAL ☐ SUPER-REGIONAL

THIS EVENT WILL ALLOW THE FOLLOWING TO PARTICIPATE

☐ MALE ☐ FEMALE ☐ BOTH ☐ YOUTH ☐ ADULT ☐ BOTH

AGES ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 and OVER

NUMBER OF AGE GROUPS PARTICIPATING: _____ ESTIMATED NUMBER OF PARTICIPANTS: _____

Enter each event date covered by the Sanction. Should you need to list more age groups and dates include a separate sheet.

Gender	Age Category	Event Start Date	Event End Date
Gender	Age Category	Event Start Date	Event End Date

FEES: *Fees Cap after a maximum of 7 days. The event can be more than 7 days and Sanction will be valid for the dates above.

YOUTH SANCTION: \$ _____ **ADULT SANCTION:** \$ _____ **YOUTH AND ADULT (Both)** \$ _____
\$50.00 per Day up to a Maximum of 7 days* \$50.00 per Day up to a Maximum of 7 days* \$50.00 per Day up to a Maximum of 7 days

Plus \$20.00 per application **Plus \$20.00 per application**

Expedite Fees: if sanction is requested within 0-15 days of start date a \$100 Expedite Fee is applied.

FACILITY INFORMATION: IF USING MORE THAN SPACE ALLOWS, THE FACILITY INFORMATION MUST BE ATTACHED ON SEPARATE SHEET. **IF THIRD PARTY CERTIFICATES ARE NEEDED PLEASE INCLUDE FEES OF**

\$35.00 - PER REQUEST IF RECEIVED BY AAU NATIONAL HEADQUARTERS AT LEAST 30 DAYS PRIOR TO DATE(S) OF EVENT

\$35.00 + \$65 EXPEDITE FEE- PER REQUEST IF RECEIVED BY AAU NATIONAL HEADQUARTERS AT LEAST 16-30 DAYS PRIOR TO DATE(S) OF EVENT

\$35.00 + \$100 EXPEDITE FEE- PER REQUEST IF RECEIVED BY AAU NATIONAL HEADQUARTERS AT LEAST 0-15 DAYS PRIOR TO DATE(S) OF EVENT

NAME OF FACILITY BEING UTILIZED

ADDRESS CITY STATE ZIP

FACILITY CONTACT NAME () PHONE NUMBER EMAIL ADDRESS

NAME OF FACILITY BEING UTILIZED

ADDRESS CITY STATE ZIP

FACILITY CONTACT NAME () PHONE NUMBER EMAIL ADDRESS

AMATEUR ATHLETIC UNION POWERLIFTING DRUG-TESTING

CONSENT FROM

By signing this form, I affirm that I am aware of the 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 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_____

ATHLETE _____ 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 _____

1/2008

AMATEUR ATHLETIC UNION POWERLIFTING

ADULT SUBSTANCE ABUSE PROGRAM

SUMMARY

The AAU Powerlifting Committee (AAUPC) has once again revised its Substance Abuse Program. We continue to affirm our dedication to the idea of fair and equitable competition at all sanctioned events and wishes to uphold Article 303.2.5 of the Amateur Athletic Union Code Book. This commitment is so that no one athlete might have a artificially induced advantage, that no one athlete might be pressured to use chemical substances in order to remain competitive and help safeguard the health and safety of participants.

COLLECTION PROCESS

To protect the integrity of the testing process, the AAUPC continues to outsource certain critical functions to an independent organization, The National Center for Drug Free Sport, Inc., with experience in the field of drug testing. The selection of participants for collection of samples and analysis will be preformed independent of AAUPC.

WAIVER AND CONSENT FORMS

All athletes **MUST** sign the Drug Testing Consent Form in order to compete in a AAUPC sanctioned event. When you sign at the event you will be asked to read, understand and sign the Form to demonstrate your understanding of the program and willingness to participate in the event. By signing this Form, you release, discharge and covenant not to sue the AAUPC and the AAU and other related parties.

PROCESS

1. An independent agency, The National Center for Drug Free Sport Inc., selects athletes for testing using its own technology for selection or the AAUPC point system. The AAUPC point system rates athletes based on performance. It is described in the Substance Abuse Program Policy. The AAUPC has no involvement in the process. A selection may be made any time during the year. It is important to remember that all adult athletes are eligible for testing. The point system only serves to identify the better performing athletes.
2. If you are selected you will be given notice of selection. You will be given instructions as to what to do and what you may bring with you. **READ THE INSTRUCTIONS CAREFULLY.**
 - a. You will be given a notice after you have completed the event, a twelve (12) hour notice, both of which the collection agency will come to you or give you a five (5) day notice in which you must report to the agency. If for some reason you can't report when asked, please cal the AAU Powerlifting Substance Committee Chair for instructions.
 - b. If you do not understand something, you may call the collection agency or the Powerlifting Substance Committee Chair.

- c. The collection agency and the laboratory are completely independent of the AAUPC and the AAU. You must comply with their instructions during the testing process.
 - d. Please be sure to bring any prescriptions you may be taking with you so that they may be properly noted.
 - e. Remember you may bring a witness with you. Please note that the witness may be asked to read and understand any documents involved in the testing and to confirm in writing that they have done so.
3. During the testing only the athlete, the witness and the agencies representatives may be present. Two samples will be taken.
 4. When the results are available they will be given first to the AAUPC Substance Abuse Committee Chair. They then send notice to the athlete who has positive results from the testing. **NOTICE, IF THE ATHLETE DOES NOT ACCEPT THE RESULTS, SENT REGISTERED, RETURN RECEIPT MAIL, THE NAME OF THAT ATHLETE WILL BE POSTED ON THE SUSPENSION LIST ON THE POWERLIFTING WEB PAGE.**

APPEALS

If you are notified of a positive test for banned substances, you may either a) accept the findings and any resulting penalties or b) request that the second sample be tested (at the athlete's expense). If for any reason you have a second sample tested and if it yields a positive result for banned substances any you wish to contest this matter, you must follow the hearing and appeals process of the AAU Code Book.

A copy of this program and list of banned substances are available on the AAU Powerlifting web page at: www.aausports.org . If you have questions regarding the program you may call Harry Halverstadt at 530-676-9729 or via e-mail at: hcwzkds@sbcglobal.net. If you have questions regarding the inclusion of a substance in the program you may call the Resource Exchange Center at 816-474-8655. If you wish to go on line to: www.drugfreesport.com/rec, you will need the password: [recaau](#).

This summary is intended to provide general information about the Amateur Athletic Union (AAU) Adult Powerlifting Substance Abuse Program. It is a summary only and does not provide all the information included in the actual Substance Abuse Program policy. Please refer to the complete policy on the AAU Powerlifting web page for complete details.

Policies and Procedures

Adult Substance Abuse Program

Overview of the Program

The program involves the collection of urine and laboratory analysis for substances on a list of banned-drug classes developed by the AAUPLC. This list consists of substances generally purported to be performance enhancing and/or potentially harmful to the health and safety of the AAU athlete. This substance abuse program has three organizational parts, each with a specific responsibility to the program. The first part is the AAU Powerlifting Committee, which has overall management responsibility for the program. The second party involved is the independent third party organization that conducts the urine sample collection and completes the sample chain of custody. The third party is the independent analysis laboratory that examines the samples taken and produces a set of findings that it reports to the AAU.

The AAU Board has final authority over this program. All modifications or changes to this program are subject to the AAU Board's approval before implementation. AAU review procedures are in effect for this program. AAU Articles and By-Laws shall govern where conflict may exist.

Organization

1. The parts of the organization are:
 - a. AAU Powerlifting Committee (AAUPLC): The powerlifting committee of the Amateur Athletic Union.
 - b. Outside Independent Collection Agency (OICA): The party that is responsible for the collection of the urine and the completion of the chain-of-custody documents, which identify the ownership of the drug tests.
 - c. Outside Independent Laboratory (OIL): The party that is skilled in the analysis of and determining if the urine contains substances on a list of banned-drug classes developed by the AAU.
2. The AAUPLC shall obtain and utilize the consult of drug testing experts.
3. All third parties used by this program must have no relationship to the AAU or any Sports Committee other than contracting of a service.
4. Any reciprocal agreement made by the AAUPLC must have AAU Board approval before it can be implemented.

5. The AAUPLC will appoint a Substance Abuse Program Official at each powerlifting competition. This official will be responsible for the collection of signed waivers, the calculation of points awarded athletes and the forwarding of this information to the AAU National office.

Responsibilities of the Parties

AAUPLC

1. The AAUPLC is responsible for the organization and administration of the program. It will locate, contract with and arrange for the administration of the drug testing to be given at a competition or to be given out-of-meet. It will locate, contract with and arrange for the analysis of urine samples taken from athletes.
2. The AAUPLC will assume all financial responsibilities for the implementation of this program. Funding may come from the Sports Committee budget, competition fees paid by the athlete or by contributions given to the Powerlifting Sports Committee.
3. The AAUPLC is responsible for maintaining adequate liability insurance coverage.
4. Notices must be given by the AAUPLC. During the year the AAU Powerlifting rulebook should give notice that all AAU adult athletes competing in AAU Powerlifting are subject to drug testing according to this program.
5. Notice must be given as well on the AAU web site that all AAU adult athletes competing in AAU Powerlifting are subject to drug testing according to this program.
6. Before the competition notice must be given in the form of a statement to the athlete explaining this program, what will be done, and the penalties that may occur if the athlete is found ineligible for competition by Article 303.2.5.
7. The AAUPLC is responsible for the dissemination of the finding of the OIL to the AAU. The AAUPLC is also responsible for informing the athlete of the results found by the OIL's analysis of the athlete's urine sample. All dissemination shall be by telephone followed by written communication.

OICA

1. OICA is responsible for the collection of urine samples from athletes participating in the AAU Powerlifting program.
2. The OICA along with the athlete is responsible for completing the chain-of-custody documents that accompany the urine samples to the OIL.
3. The OICA is responsible for the final selection of individuals for sample collection.
4. The OICA will be responsible for demonstrating its proficiency in collecting samples and forwarding them to the OIL if required to do so.
5. Any contract with an OICA will be reviewed by the AAU prior to being accepted.

OIL

1. The OIL is responsible for analyzing the urine samples it receives from the OICA and determining if the urine contains substances on a list of banned-drug classes developed by the AAU.
2. The OIL must notify the AAU and the AAUPLC in writing of the results of the analysis performed.
3. The OIL will be responsible for demonstrating its proficiency in detection and confirmation of the banned-drug substance categories on the list of banned substances if required to do so.
4. Any contract made with OIL will be reviewed by the AAU prior to being accepted.

Prohibited Activities

No AAU member other than the athlete or the collecting agency may complete a chain-of-custody document.

Polygraph testing is prohibited.

Collection of sample activities by anyone other than the athlete or the OICA is prohibited.

Drug Testing Consent Form

Prior to entering the powerlifting competition, all athletes must sign a drug testing consent prescribed by the AAU demonstrating their understanding of the AAU Drug Testing Program and their willingness to participate in the program. This also demonstrates that the athlete understands that they may be tested up to one year from the date of the signing of the waiver whether they are or are not a member of the AAU.

Drug testing consent forms must be sent to the AAUPLC office and kept on file there for two years.

Prior to the beginning of testing, all athletes 19 years and older must sign a drug testing consent form prescribed by the AAU demonstrating their understanding of the test instructions given to the athlete by the OICA.

This consent also demonstrates that the athlete understands that if upon receipt of the results, the athlete's sample has been found positive of banned substances and the athlete has accepted the findings, the athlete understands that they are giving permission for their name to be published.

Ineligibility

The report of analysis done on urine samples taken by the OICA and analyzed by the OIL that finds the presence in an athlete's urine of a substance and/or metabolite of such substance belonging to a class of substances currently banned by the AAUPLC is defined to be a report to the AAUPLC finding the athlete ineligible for competition. Athletes wishing to contest the report must do so by following the procedures outlined. The AAU does not collect urine nor does it perform any analysis on the urine samples collected through this program.

The athletes shall remain ineligible for further competition as specified by the rules of the AAU unless restoration has been granted.

Failure to sign the drug testing consent form shall render the athlete ineligible for any AAU Powerlifting competition until the consent form is signed.

Failure to arrive at the specimen collection site at the required time, provide a urine sample, and/or comply with instructions from the OICA may subject the athlete to the same penalties as testing positive for banned substances. In addition, leaving the collection site without authorization from the OICA and/or attempting to alter the integrity or validity of the urine sample or collection process may subject the athlete to the same penalties as testing positive for banned substances.

Any athlete under the age of 19 years is not eligible to participate in this program.

Banned Substances

The list of banned substances shall be the list defined in this program or found on the www.drugfreesport.com/rec web site.

Testing

Currently the only method of testing is by urinalysis.

The AAUPLC will utilize the services of an OICA and OIL.

Individuals selected for testing may be selected by the following criteria. The AAUPLC will select the areas of the country to be tested. The collection agency will make the final choice by using its own technology to select athletes and will contact the athletes that have been selected for testing. Members of the AAUPLC are not to be involved with the final selection of individuals for testing. As soon as individuals have been selected for testing, they will be notified of selection and will be given instructions by the OICA. The maximum goal for the number of out-of-meet drug tests will be 10% of the athletes participating in the AAUPLC powerlifting competitions. The number of total athletes participating will be determined from the previous year's membership.

Specimen collection by any organization or individual other than the OICA contracted is not allowed. Only the OICA, the OIL and the athlete being tested are permitted to handle any chain-of-custody document or sample. Chain-of-custody documents will be completed and forwarded to the OIL along with any samples.

Witness

A witness may accompany an athlete being selected for testing during the testing process.

Specimen Collection Procedures

The AAUPLC will forward a list of eligible athletes and the points collected for the athletes to the OICA. The OICA on its own will make the final selection of athletes and will notify the athletes and give the athletes instructions. Notice will be given not less than 5 days before the test is to be scheduled when the athlete must travel to the collection site. Notice will be given not less than 12 hours

before the test is to be scheduled when the OICA travels to the athlete. Notice is to be sent by registered mail as well as contact by telephone when the athlete travels to the collection site. Notice is given through contact by telephone when the OICA travels to the athlete. Immediately upon arrival at the collection station, the athlete must provide the OICA with a document identifying them. This document must have a current picture of the athlete. Only those individuals authorized by the OICA may be at the collection site along with the athlete and a witness. The OICA may release a sick or injured athlete from the test and will inform the AAUPLC of the release. The OICA may use their sample collection procedures or may select the procedure defined in this program. The OICA must provide the athlete with an opportunity to declare any medications being taken at the time of the sample collection. Where possible, prescription information must be collected as well.

When ready to urinate the athlete will select a sample collection kit and a chain-of-custody form. The OICA and the athlete will complete the form as the testing progresses, each observing the other. The athlete will initial the kit and its contents before testing. The OICA will monitor the furnishing of the specimen by observations to ensure the integrity of the specimen until a specimen of at least 80ml is provided. Fluids given to an athlete who has difficulty voiding will be from a sealed container opened at the sample collection site. These fluids must not contain caffeine or alcohol. If the sample is incomplete, the athlete must remain under observation by the OICA until the sample is complete. During this period, the athlete is responsible for the sample collection kit. When an 80 ml sample has been collected the OICA will check a portion of that sample remaining in the breaker used for collection for specific gravity and PH. If the urine has a specific gravity below 1.010 (1.005 if measured by a refractometer), the current sample is discarded and the athlete must provide a new sample. This may be repeated twice. The final sample will be forwarded to the laboratory with comments regarding the specific gravity measured. The athlete shall remain at the collection site while this is done. If the urine is alkaline (greater than 7.5 pH), the sample will be discarded and new sample collected. This procedure may be repeated twice. The final sample will be forwarded to the laboratory with comments regarding the pH measured.

The OIL will make determination of specimen adequacy. When the sample is complete it will be split into two samples each containing approximately 40 ml, the athlete and the OICA will complete any chain-of-custody documents, complete any sample processing per instructions from the OIL and seal the samples for transport to the OIL. The OICA is responsible for shipping the samples collected to the OIL. If the OIL suspects the sample collected to have been manipulated, the OIC will report this matter to the AAUPLC. The AAUPLC will have authority to perform additional tests on the samples taken not to exceed two negative samples. One copy of the chain-of-custody form for each sample sent to the OIL will be sent to the AAUPLC office identifying the athlete with the athlete's code. Prior to the collection process the OICA will ask the athlete to

declare any substance that is taken as a medication for medical condition. If possible the athlete must provide the OICA the prescription and contact information for the issuing physician.

Chain-of-Custody

The chain-of-custody document will be sent to the OIL per their instructions. A laboratory employee will examine the shipment to ensure that all items have been received and are complete and intact. If a seal is not intact, that specimen is void and the OICA may choose to collect another sample in testing.

Notification of Results

The OIL will select one of the samples for its initial analysis. An analysis will consist of sample preparation, instrument analysis and data interpretation. The laboratory director or designated certifying scientist will review all results showing a banned substance and/or metabolite(s) in the specimen initially examined. The results will be confirmed by gas chromatography/mass spectrometry. By facsimile the laboratory will notify the AAU and the AAUPLC of the results. The original report will be mailed to the AAUPLC. If the athlete has declared any medications and the results of the sample analyzed were found to be positive the OIL will include in the report its opinion as to whether the medications may have caused the positive result. The AAUPLC will notify the athlete of a positive test result in writing by certified mail. If the OIL has indicated that a prescription medication that has been disclosed according to proper procedures may have been the cause of the positive result, the athlete will not be notified until the Review Committee has reviewed the case and rendered a decision.

Restoration of Eligibility

Upon receipt of the results, if the athlete's sample has been found positive of banned substances, the AAUPLC will notify the athlete of the results and the resulting penalty. The athlete is to be notified within 30 days of the sample being taken by the OICA. The athlete will also be notified of the restoration of eligibility process. Athletes wishing to contest the results of the test must use the following procedures.

- a. The athlete at his or her own expense may request that the second from the collection process be analyzed. If the second sample is found to be negative of banned substances, the athlete's eligibility is restored. The later will be considered a final result. This request is made through the AAUPLC and must be made within 14 days from notification of initial results. The athlete or a witness for the athlete, at his or her own expense may be present for the re-test. This is subject to the approval of the OIL.

- b. If athletes wish to contest the positive result of the second test, they must follow the appeals process of the AAU Code.

If the OICA or the OIL has reason to question the results or legitimacy of their efforts, they are to report such to the AAUPLC. Give this knowledge the eligibility of the athlete is restored as if the results of the process found no substances on the list of banned-drug classes developed by the AAUPLC. If the OIL has reported a positive result to the AAU and AAUPLC with the opinion that the result may have been caused by a prescription medication declared by the athlete in advance in the appropriate manner, the AAUPLC will forward the report to the AAU Review Committee prior to the second sample being analyzed to determine if there is cause to render the athlete ineligible for competition. The athlete will be notified of the Review Committee's decision and will have 14 days from the decision of the review committee to make a decision regarding the restoration of eligibility.

Urine Sample Ownership

At the time the urine sample is sealed for shipment to the OIL, it becomes the property of the AAUPLC.

Penalties

Any penalties assessed by the AAUPLC must be in compliance with AAU Articles and By-Laws. If a penalty is assessed by the AAU, that penalty will be displayed on the AAUPLC web site. If penalties are assessed by the AAU, the athlete's name and the assessed penalties will be published on the AAU website.

Medications Prescribed by Physicians

The AAUPLC recognizes the need to use medications to treat legitimate medical conditions. It is the responsibility of the athlete to declare these medications at the time of the sample collection and to provide the OICA information regarding the prescription and the issuing physician. If the results are positive, the OIL will provide an opinion to the Review Committee regarding the effect that these medications might have on the possibility of athletic performance enhancement and the likelihood that the positive result was caused by the prescription medication. The Review Committee will review the outcome of the analysis prior to notifying the athlete by normal procedures. Only if the Review Committee finds that there is need to consider the results of the analysis as a potential improvement in athletic performance will the athlete be notified of the results of the analysis. Normal procedures will follow the announcement of findings. The Review Committee will determine whether to assess a penalty based on the positive result. If a penalty will result, the athlete will be notified through standard procedures. Otherwise, a waiver permitting the athlete to use the prescription medication in question without jeopardizing eligibility will be granted.

Athletes Availability for Testing

The AAUPLC recognizes that athletes may not always be available for testing when notified. If an athlete is not available for testing when notified by the OICA, the athlete may request an exemption from testing through the AAUPLC National Office. The request must be accompanied by verifiable documentation detailing why the athlete cannot be available. The AAUPLC will determine whether an exception will be granted. If an athlete does not report for testing and has not requested an exemption, the result will be the same as if a sample were collected and that sample was found to contain banned substances. If an athlete is not notified by the OICA, the athlete is not required to appear for sample collection.

Banned Substances

Stimulants

Amiphenazole, Amphetamine, Bemigrade, Benzphetamine, Bromantan, Caffeine, Chlorphentermine, Cocaine, Cropropamide, Crothetamine, Dimethylamphetamine, Doxapram, Ephedrine, Ethamivan, Ethylamphetamine, Fencamfamine, Meclofenoxate, Methamphetamine, Methylphenidate, Nikethamide, Pemoline, Pentetrazol, Phendimetrazine, Phenmetrazine, Picrotoxine, Pipradol, Prolintane, Strychnine and related compounds

Anabolic Agents

Anabolic Steroids, Androstenediol, Androstenedione, Boldenone, Clenbuterol, Clostebol, Dehydrochlormethyltestosterone, Testosterone, Dehydroepiandrosterone (DHEA), Dihydrotestosterone (DHT), Dromostanolone, Fluoxymesterone, Mesterolone, Methandienone, Methenolone, Methyltestosterone, Nandrolone, Norandrosterone, Norandrosterone, Norethandrolone, Oxandrolone, Oxymesterone, Oxymetholone, Stanozolol, Testosterone and related compounds.

Diuretics

Acetazolamide, Bendroflumethiazide, Benzthiazide, Bumetanide, Chlorothiazide, Chlorthalidone, Ethacrynic Acid, Flumethiazide, Furosemide, Hydrochlorothiazide, Hydroflumethiazide, Methyclothiazide, Metolazone, Polythiazide, Quinethazone, Spironolactone, Triamterene, Trichlormethiazide and related compounds.

Street Substances

Heroin, Marijuana, THC (tetrahydrocannabinol)

Peptide Hormones and Analogues

Chorionic gonadotrophin (HCG-human chorionic gonadotrophin), Corticotrophin (ACTH), Growth Hormone (HGH, Somatotrophin), Erythropoietin (EPO)

The following is a definition of positive for this list.

For caffeine – if the concentration in urine exceeds 12 micrograms/ml

For testosterone – if the administration of testosterone or the use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine to greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.

For marijuana and THC – if the concentration in the urine of the THC metabolite exceeds 15 nanograms/ml.

Meet Director's Checklist – Post-Event Information

Title of the meet _____

Location: _____

Date(s): _____

Meet Director(s): _____

Post-Event Information:

Drug testing consent forms signed and witnessed for each adult lifter

Drug testing consent forms fee - \$5.00 / adult lifter

Meet results emailed to: ivy@aausports.org

Meet pictures sent to National Office (if available)-Attn: Ivy Schuler

Media article and pictures sent to newspapers or magazines

List of Referees who officiated at the meet sent in with results

List of AAU records sent to Judy Wood-Record Site Administrator –

Judi6108@aol.com or

6108 Pine Slash Road, Mechanicsville, VA 23116

Forms mailed or emailed to Ivy Schuler on: _____

Check amount for Drug Testing: _____

AAU Records sent to Judy Wood on: _____

Ivy Schuler

AAU Headquarters

P.O. Box 22409

Lake Buena Vista, FL 32830

Referees, Eligibility and Insurance

Referees

A comprehensive program has been established to train referees. AAU Powerlifting referees must pass a written and practical test. The program also provides for advancement opportunities for our referees at the following levels: State, National and International. Promotions are based solely on performance and testing results over a prescribed time period.

Referees from other Powerlifting Federations may be grandfathered after submitting a resume. Grandfathering does not automatically grant referee status. Each individual resume is handled on a case-by-case basis.

Eligibility

Any athlete that is an AAU member may compete in any sanctioned AAU Powerlifting meet upon payment of the entry fee. AAU membership is \$12.00 for those 19 years and under and \$32.00 for those participating in the adult program.

Membership is available on-line, at all sanctioned meets or you may contact your local AAU Association at 1-800-AAU-4USA.

Some AAU meets may have specific requirements i.e. teenage, masters, Raw, etc. Other meets require that the individual athlete have made a specific qualifying total at a previous competition.

Insurance

A benefit of AAU membership is the athletic accident and liability insurance program. For specific information regarding coverage, please refer to the current insurance page at the AAUsports.org website.

Referee's Resume

Name _____

Address _____
 (Street) (City) (State) (Zip)

Information _____
 (Phone) (Birth Date) (AAU Card #) (Expiration)

NONE **DISTRICT** **NATIONAL** **INTERNATIONAL**

Current referee status:

Testing for:

Evaluating for:

If applying for District Test: List all meet-type work experience as well as competitive experience.

If applying for National Test: List all State and Local Meet working experience.

If applying for International Test: List all National, International, Regional, and District meet working experience.

Name of Meet	Location	Date	Assignment/ Position	Referee in Charge

Competitive Experience/Comments: _____

State Chair Name (Please Print): _____

Signature of State Chair: _____

Circle One: **Approved for Test** **Disapproved**

- For State Test: Complete form and give to the Chair of the Referee Committee.
- For National and International Test: Complete form and send to Chair of Referee's Committee BEFORE National Championships when test will be given.
- Prepare for test by studying current AAU Rule Book

First Name	Last Name	Street	City	State	ZIP	Phone	Referee's Standing	Status Questioning
Carl A.	Alleyne	1305 Clary Ct.	Belcamp	MD	21017		State	
Stuart	Allsop	58 Thorndyke Street	Springfield	MA	01118	413-733-2443	State	
Alyson	Amerling	11 Tiffany Ave.	Worcester	MA	01604	508-755-2484	International	
Mike	Ange	1220 Pine Road	Williamston	NC	27892	252-792-5308	State	State per Ed Brooks
Glenn O'Hagan	Applegate	156 Norwood Ave.	Oakhurst	NJ	07755	732-222-6343	State	
Victor Ray	Armstrong	105 Ange Drive	Plymouth	NC	27962	252-793-1498	National	
Eric	Arnold	242 Middle St.	Braitree	MA	02184	617-843-8211	State	
Michael G.	Baker	1008 Melrose Ct.	East Bend	NC	27018	336-699-4072	National	
Wallace	Barnett Jr	9941 Stroud Ln.	Richmond	VA	23236		State	
Michael D.	Barcelone	#5 Becky's Lane	Turnersville	NJ	08012	856-228-6559	State	
Ed	Barr	3075 Shale Rd.	Seaville	NJ	08830	609-624-0737	State	
Barbara	Beasley	1811 South Cliff Rd.	Richmond	VA	23225	804-233-9570	International	
Kenneth	Bennett	1519 Broadway	Graham	NC	27253	326-229-1298	State	
Jeffrey	Billman	31 Hacker Cr.	Conway	AR	72032	501-513-0859	National	
Adrian B.	Blindt	8 Bow St	Carver	MA	02330	508-866-9541	International	
Elaina	Bolster	3913 Ravenwood Ave.	Orlando	FL	32839	407-843-1890	International	
Robert	Bolster	3913 Ravenwood Ave.	Orlando	FL	32839	407-843-1890	International	
Paul	Bossi	4007 Timmerman Dr.	Elizabeth City	NC	27909	252-338-2004	National	
Peter W.	Bouchard	4058 Westover Ave.	Memphis	TN	38108	901-888-8260	International	
James Edward	Bourgeault	222 Willis Creek Rd.	Warner Robins	GA	31088	478-971-1459	State	
Dennis A.	Brennick	36 Todor St.	Chelsea	MA	02150	617-887-2012	International	
Timothy L.	Brien	356 Winter Street	Woonsocket	RI	02895	401-769-5272	State	
Roger H.	Broeg	525 S. Garfield	Burlington	IA	52601	319-753-0676	National	
Ed	Brooks	116 Edisto Court	Chapelhill	NC	27514	919-969-0055	International	
Steve	Brown	30 Almo Ave.	Belmont	MA	02176		National	
Gretchen I.	Bueck	2548 Crown Way	Fullerton	CA	92633	714-79-5336	National	
Christopher	Byrnes	150 Johnson Circle	Sidney	NY	13838	607-563-8580	National	
Bruce E.	Cahill	741 Pinetree Drive	Virginia Beach	VA	23452	757-306-4196	National	
Maureen A.	Cahill	741 Pinetree Drive	Virginia Beach	VA	23452	757-306-4196	National	
William D. (Billy)	Calhoun	809 Mosby Hallow Dr.	Herdon	VA	20170	703-397-0534	National	
Paul A.	Coulombe	101 Cedar	Plymouth	MA	02367	617-585-1787	International	
Ricky D.	Crain	3803 North Bryan Rd.	Shawnee	OK	74801	1-800-272-0051	International	
Ray N.	Cross	17 Vershire St.	N. Quincy	MA	02171	617-328-1346	International	
William E.	De Porter	106 Spyglass	San Jose	CA	95127	408-272-8693	International	
Richard H.	Deleon	35 George Street	Rockland	MA	02370	781-871-5697	National	
Frank A.	Desimone	1810 Jackson St.	Philadelphia	PA	19145	215-339-8797	State	
Marc	DiMauro	142 Hillcrest Circle	Westfield	MA	01085	413-568-6759	State	
Thomas J.	Dorsey	8801 Brown Summit Rd.	Richmond	VA	23235	804-272-8981	National	
Marlin	Drake	P.O. Box 7262	Moreno Valley	CA	92552	909-928-4797	State	
Diane Lee	Droddy	23301 River Rd.	Petersburg	VA	23803	804-861-0904	State	National
Barry	Duncan	3408 Tupelo Way	Knoxville	TN	37912	865-673-8221	National	
Larry J.	Eggleston	4090 Whitehall Rd.	Sandy Hook	VA	23153	804-457-4022	International	
Sue	Elwyn	P.O. Box 515	Maynard	MA	02184	617-843-8211	International	
Roger	Ernst	1515 Macedonia Church Rd	Stephens City	VA	22655	540-869-7505	International	

Ernst G.	Fleischer	P.O. Box 80262	Simpsonville	SC	29680	864-862-5512	National	
Joseph R.	Formato	4634 Old Princess Anna Road	Virginia Beach	VA	23462	757-467-0835	State	
Bernard	Gagne	310 E 231 St.	Carson	CA	90745	310-835-5970	National	
Catherine	Garcia	802 Rivanna Woods Dr.	Fork Union	VA	23055		State	
Rudy L.	Garcia	Rt.1 Box 212	New Canton	VA	23123	434-581-1910	International	National
Jean	Gardella	15 Donald Dr.	Middletown	RI	02842	401-845-2235	State	
Darin	Gilley	2820 Gary Summit Rd.	Pacific	MO	63069	636-742-4537	State	
Paul	Griffith	West Nottingham Academy	Colbra	MD	21917	410-658-3797	National	
Fran	Haley	12101 Reagon St.	Los Alamitos	CA	90720	310-596-6866	International	
Nancy J.	Halverstadt	3756 Toronto Rd.	Cameron Park	CA	95682	916-676-9729	International	
	Halverstadt							
Harry H.	Jr.	3756 Toronto Rd.	Cameron Park	CA	95682	916-676-9729	International	
Jeffrey W.	Harvey	2150 Melvin Hill Rd.	Phelps	NY	14532	315-548-5859	State	
Lyle G.	Harvey	2150 Melvin Hill Rd.	Phelps	NY	14532	315-548-5859	State	
Mark V.	Harris	263 Bristol Bend Circle	The Woodlands	TX	77382	936-273-5431	International	
Samual J.	Harris Sr.	802 Park Ave.	Woonsocket	RI	02895	401-265-2718	State	
William Thomas	Hawkins, III	2937 Weldon Mill Road	Henderson	NC	27536	252-430-1825	National	
Belinda	Hayes	15182 Faulkner Lane	Ruther Glen	VA	22546-2002	804-448-9926	National	
Sharon	Hoffman	2700 SENTRY Meadow Ct.	Richmond	VA	23233	804-364-1889	State	
John	Howie	209 Myers St.	Monroe	NC	28110	704-289-4940	National	
Debra	Jackson	66th Trans Co. Unit 23125 Box 3107	AP0	AE	09227		International	
Jeff	Jobes	505 Daffodil Way	Rocky Mount	NC	27804	252-443-0634	National	
Ken W.	Jordan	24 Pinecrest Court	Conway	AR		501-450-9643	State	
Tim	King	4715 Hoots Hollow Rd.	Liberty	NC	27298	336-622-3886	National	
Eric	Kuperstein	140 Border St.	Cohasset	MA	02025	781-383-2026	International	
Larry	Kye	114 Chickasaw Place	Jacksonville	AR	72076	501-982-7668	International	
Linda	Kye	114 Chickasaw Place	Jacksonville	AR	72076	501-982-7668	National	
Larry	Larson	15 Bell St.	Quincy	MA	02169	617-479-7761	International	
Bruce	Lee	8071 Creekside Dr.	Windsor	CA	94122	707-836-0760	State	
Bill	Lindsey	3576 Mudlick Rd. SW	Roanoke	VA	24018	540-774-2466	National	
David F.	Low	43 Peck St. P.O. Box 433	Atteboro	MA	02703	508-223-4044	State	
Raymond	Mace	119 Mallview	Hot Springs	AR	71913	501-525-4271	State	
Dave	Mansfield	53 Holmes Ter	Hanson	MA	02341	781-294-4201	International	
Kurt	Mattison	109 Creekwood	Jacksonville	AR	72076		State	
Greg J.	Mead	8817 Rodeo Dr. #228	Iving	TX	75063	972-556-2487	State	
Jill	Meads	6059 Pond Place Way	Mechanicsville	VA	23116	804-730-8810	National	
Nickolas J.	Miniette		Richmond	VA		804-222-7006	State	
John M.	Nesbitt	314 Hampton Dr.	Plymouth	NC	27962	252-793-3736	National	
Dr. Don W.	Noah	207 N. Marshall St.	Graham	NC	27253	336-227-1266	State	
Dr. Jeffrey W.	Noah	1210 S. Church	Barz	NC	27215	336-229-1861	State	
Nicholas C.	Noah	1210 S. Church	Barz	NC	27215	336-229-1861	State	
Baptist J.	Nupieri	2616 S. 16th Street	Philadelphia	PA	19145	215-755-9477	State	
Joseph B.	O'Brien	18 Driftwood Lane	Plymouth	MA	01460	508-830-9719	National	
Steve James	Oglethorpe	501 Mailbu Drive	Virginia Beach	VA	23452	757-486-3074	State	
Terri Louise	Oglethorpe	501 Mailbu Drive	Virginia Beach	VA	23452	757-486-3074	State	
Tom	Pete	1231 Cayuga Ave.	San Francisco	CA	94112	415-585-7795	State	

Steven	Petersen	P. O. Box 642	Burkburnett	TX	76354	940-569-5620	State	
Peter Alan	Primeau	464 State Route 58	Sullivan	OH	44880	419-736-2934	State	
Steven	Rogers	13797 Rte 31	Savannah	NY	13146	315-365-3377	National	
Robert C.	Sadoski			AR		479-264-9435	National	
Gordon	Santee	1707 Steinhart A	Redondo Beach	CA	90278	310-573-1662	International	
Ron	Scott	5803 Kearny Villa Road	San Diego	CA	92123		International	
Robert L.	Shanks	3734 Clarinith Rd.		MD	21215		State	
Joanne	Shear	15 Bell St.	Quincy	MA	02169	617-472-9337	International	
Saul	Shocket	88 Olde Forge Rd.	Hanover	MA	02339	617-878-7062	State	
Joe 'Daniel'	Singleton	1200 3rd St.	Hot Springs	AR	71913	501-623-6014	National	
Jennifer B.	Souza	P.O. Box 786	Sagamore Beach	MA	02185	508-833-4703	State	2001
Bill	Stevenson	P.O. Box 1912	Ocean City	MD	21017		National	
Bill	Strauss	7208 Brynhurst Dr.,	Charlotte	NC	28210	252-793-2670	State	
Carl	Summurs	307 Hamburg Rd.	Easley	SC	29640	864-295-1286	State	
Mario	Torrez	630 Huntingdon St.	Elon	NC	27244	336-449-9069	International	
Ellen	Tevorah	411 Belmont Dr.	Palatka	FL	32177	904-328-4804	International	
Tom	Tevorah	411 Belmont Dr.	Palatka	FL	32177	904-328-4804	International	
Fred A.	Vanderveen	417 Dayward Drive	Salisbury	MD	21801	410-792-9201	International	
Dan	Wagman	7254 Pomelo Drive	West Hills	CA	91307	818-348-0665	National	
Keith	Warden						National	2020
Jeremy	Watson	320 N First St.	Doniphan	NE	68832	402-845-2973	State	
William	Weiss	405 Petris	Ridgecrest	CA	93555	619-371-7898	State	
Joe	Wencus	20 Dana Dr.	Wrentham	MA	02093	508-384-8587	State	
David	Wood	8192 Tiffany Lane	Mechandisville	VA	23111	804-569-1268	International	
Judy F.	Wood	6108 Pine Splash Road	Mechandisville	VA	23116	804-559-4624	International	
Steve P.	Wood	6108 Pine Splash Road	Mechandisville	VA	23116	804-559-4624	International	
Mike	Wright	160 Woodside Trail	Annapolis	MD	21401	410-224-9766	National	
Richard	Young	474 Garrett Island Rd.	Plymouth	NC	27962	252-793-4414	National	



AAU **ATHLETE** INDIVIDUAL MEMBERSHIP APPLICATION

Membership cards are emailed only or may be printed after processing at www.aausports.org

Use Legal Name

First		Middle		Last	
Street Address		City	County		State Zip
Application Date		Work Phone/Ext.		Home Phone	
E-Mail Address Required, Membership cards are emailed or may be printed after processing at www.aausports.org				Fax Number	
Birth Date (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Cell Number	
Do you have Health and Accident Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	Club Code (if Known)	Club Name (if Known)		Sport	
<p>By paying or authorizing payment of my annual membership dues, I certify that: 1) I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office; and, 2) this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at www.aausports.org . NOTE: Parent/Guardian signature if member is under 18 years old.</p>					
Member's Signature			Parent/Guardian Signature		
Date			Date		

YOUTH PROGRAM - (All Sports)

AAU Membership Year is September 1 to August 31

Regular Membership ☐ **\$12.00** **or** **Added Benefit Membership*** ☐ **\$14.00**

Youth Program consists of athletic participation for ages as defined by AAU Youth sport rules. Basic Youth ages are 1 to 20. Youth Membership allows participation and insurance coverages in any and all youth sports.

* Added Benefit Membership includes additional insurance coverage in certain programs as defined by AAU.

ADULT PROGRAM -

AAU Membership Year is September 1 to August 31

Regular Membership ☐ **or** **Added Benefit Membership *** ☐

Aerobics, Baton Twirling, Dance, Golf, Jump Rope, Swimming, Table Tennis, Tennis, Volleyball, Physically Challenged

Badminton	\$12.00	\$14.00
Athletics, Baseball, Basketball, Diving, Gymnastics, Softball, Surfing, Trampoline & Tumbling and Weightlifting	\$22.00	\$25.50
Field Hockey, Flag Football, Inline Hockey, Soccer, Water Polo, and Wrestling	\$22.00 or	\$27.00

Chinese Martial Arts, Judo, and Karate

Not Available \$27.00

Taekwondo

\$22.00 Not Available

Powerlifting

\$32.00 \$37.00

Adult Program consists of athletic participation for ages as defined by AAU Adult sports rules. Basic adult ages are 21 to 99. Adult membership is sport specific and allows participation and insurance coverages for one sport only.

Make check payable to AAU.
Mail application and fees to:
AAU Headquarters
P.O. Box 22409
Lake Buena Vista, FL 32830

01/11/11





AAU NON ATHLETE INDIVIDUAL MEMBERSHIP APPLICATION

Membership cards are emailed only or may be printed after processing at www.aausports.org

Use Legal Name

AAU Membership Year is September 1 to August 31.

First		Middle		Last	
Street Address			City		State Zip
City of Birth		County of Birth		State of Birth	
Application Date		Work Phone / Ext		Home Phone	
E-Mail Address Required, Membership cards are emailed or may be printed after processing at www.aausports.org				Fax Number	
Birth Date (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Cell Number	
Do you have Health & Accident Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Club Code (if known)	Club Name (if known)		Sport	
Check Primary Program <input type="checkbox"/> Youth Program <input type="checkbox"/> Adult Program If you work with ages 1 to 20 If you work with ages 21 to 99					
HAVE YOU EVER BEEN CONVICTED OF A FELONY (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
HAVE YOU EVER BEEN CONVICTED OF A SEX OFFENSE (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No					
PROVIDE EITHER ADDRESS HISTORY FOR PAST 7 YEARS <u>OR</u> YOUR SOCIAL SECURITY NUMBER. SS # _____					
STREET ADDRESS		CITY		STATE	ZIP
By paying or authorizing payment of my annual membership dues, I certify that: 1) I have never been convicted of any sex offense nor felony; or, if so, I must apply for membership (and receive approval) through the AAU National Office; and, 2) this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the AAU Code, including all AAU Policies, which are available for review on the AAU Web site at www.aausports.org . NOTE: Parent/Guardian signature if member is under 18 years old.					
Member's Signature			Parent/Guardian Signature		
Date			Date		
YOUTH PROGRAM (If you work with ages 1 to 20)		Regular Membership <input type="checkbox"/> \$14.00		Added Benefit Membership * <input type="checkbox"/> \$16.00	
NON-ATHLETE – ALL SPORTS- Example: <i>Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.</i>					

*Added Benefit Membership includes additional insurance coverage in certain programs, as defined by AAU.

ADULT PROGRAM (If you work with ages 21 to 99)		Regular Membership <input type="checkbox"/> \$14.00		Added Benefit Membership * <input type="checkbox"/> \$16.00	
NON-ATHLETE – ALL SPORTS – Example: <i>Administrator, Bench Personnel, Coach, Instructor, Manager, Official, Team Leader, Tournament Director, Volunteer, Other.</i>					

Make check payable to AAU.

Mail application and fees to:

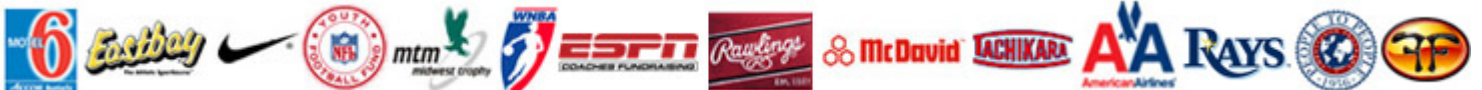
AAU Headquarters

P.O. Box 22409

Lake Buena Vista, FL 32830

Membership cards are emailed only or may be printed after processing at www.aausports.org

Revised 1/11/11





AAU CLUB MEMBERSHIP APPLICATION

Club Membership Year is September 1 to August 31.

LEVEL

HOW TO SUBMIT

BENEFITS

CLUB LEVEL 1	ONLINE OR BY MAIL to AAU Headquarters P.O. Box 22409 Lake Buena Vista, FL 32830	Eligible to participate in events Eligible to vote at appropriate District meetings. Eligible to receive sanction for practice insurance.
CLUB LEVEL 2	ONLINE OR BY MAIL to AAU Headquarters P.O. Box 22409 Lake Buena Vista, FL 32830	Eligible to participate in events. Eligible to vote at appropriate District meetings. Eligible to receive sanction for practice insurance. Eligible to receive sanction to host an event. Eligible to use AAU Logo & Name in AAU sanctioned events.
CLUB LEVEL 3	ONLINE ONLY!	Eligible to participate in events. Eligible to vote at appropriate District meetings. Eligible to receive sanction for practice insurance. Eligible to receive a sanction to host an event. Eligible to use AAU Logo & Name in AAU sanctioned events. Eligible for tax – exempt status. Eligible to accept tax-exempt donations. Eligible to become sales tax exempt in your state.

PROGRAM	CLUB LEVEL	GENDER	GENDER	FEE	CHECK CATEGORY
YOUTH CLUB	LEVEL 1	MALE	FEMALE	\$30.00	<input type="checkbox"/>
	LEVEL 2	MALE	FEMALE	\$60.00	<input type="checkbox"/>
	LEVEL 3	MALE	FEMALE	\$300.00	INTERNET ONLY
ADULT CLUB	LEVEL 1	MALE	FEMALE	\$50.00	<input type="checkbox"/>
	LEVEL 2	MALE	FEMALE	\$80.00	<input type="checkbox"/>
	LEVEL 3	MALE	FEMALE	\$320.00	INTERNET ONLY
YOUTH & ADULT CLUB	LEVEL 1	MALE	FEMALE	\$50.00	<input type="checkbox"/>
	LEVEL 2	MALE	FEMALE	\$80.00	<input type="checkbox"/>
	LEVEL 3	MALE	FEMALE	\$320.00	INTERNET ONLY

CLUB MEMBER LEVEL 3 MUST REGISTER ONLINE AT www.aausports.org

Revised
01/11/11





AAU CLUB MEMBERSHIP APPLICATION

Club Membership Year is September 1 to August 31.

CHECK THE CLUB LEVEL JOINING: ✓	LEVEL 1 <input type="checkbox"/>	LEVEL 2 <input type="checkbox"/>	FEE INCLUDED: \$
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IF APPLYING FOR CLUB LEVEL 3, IT MUST BE DONE ONLINE AT www.aausports.org

CHECK PROGRAM TYPE: ✓	YOUTH CLUB <input type="checkbox"/>	ADULT CLUB <input type="checkbox"/>	YOUTH & ADULT CLUB <input type="checkbox"/>
CHECK GENDER OF PARTICIPANTS: ✓	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH <input type="checkbox"/>

CLUB NAME:

PLEASE NOTE: The following **cannot** appear as part of your club name: **AAU** or **Amateur Athletic Union** or any derivative thereof.
Use Legal Name – Must Match Exactly with Name on Individual Membership

CLUB REPRESENTATIVE:

First	Middle	Last
AAU individual membership required of club contact		
ADDRESS	CITY	STATE ZIP
PHONE ()	()	()
WORK	HOME	FAX
()	CELL	EMAIL

ALTERNATE CLUB REPRESENTATIVE:

Use Legal Name - Must Match Exactly with Name on Individual Membership

First	Middle	Last
AAU individual membership required of club contact		
ADDRESS	CITY	STATE ZIP
PHONE ()	()	()
WORK	HOME	FAX
()	CELL	EMAIL:

IN ORDER FOR INSURANCE COVERAGES TO BE EFFECTIVE CLUBS AND ALL PARTICIPANTS MUST BE AAU MEMBERS.

If our organization is accepted and eligible to be a voting club, our nomination for the District Board of Managers will be the Club Contact listed and will receive all correspondence from the District for the club. If accepted as a club member, we agree to abide by the code, bylaws, policies and procedures of the Amateur Athletic Union of the United States, Inc. and affirm that all representatives listed on this form meet membership eligibility requirements.

LIST PRIMARY SPORT IN WHICH CLUB IS PARTICIPATING:

LIST AGE DIVISIONS:

LIST OTHER SPORT(S) IN WHICH CLUB IS PARTICIPATING:

(Signature of Club Representative)

(Date)

**Make check payable to AAU.
Mail application and fees to:
AAU Headquarters
P.O. Box 22409
Lake Buena Vista, FL 32830**



AAU Insurance Program Summary

AAU Insurance is a benefit of membership.

Club Membership insures practices and an event sanction insures competitions/clinics etc.,
Everyone participating must also have an individual AAU Athlete or Non Athlete Membership

SPORTS ACCIDENT: Coverage is provided for properly registered members that are injured during an approved event. Coverage is excess medical and becomes primary if there is no other coverage.

Excess Medical	\$50,000
Deductible (can be removed or disappear with primary insurance)	\$200
Accidental Death & Dismemberment	\$10,000
Dental Insurance	\$5,000

Who is insured? (The following categories include but are not limited to)

Athletes and Non-Athletes

Registered Members residing in foreign countries are covered while participating on U.S. Soil.

Covered events

Sanctioned Events: This is an event that has been applied for and received a sanction from the AAU of the U.S. Inc.

Supervised Practices for member clubs.

GENERAL LIABILITY COVERAGE

LIMITS

Each Occurrence - per club/team	Up to \$10,000,000
Aggregate - per club/team per year	Up to \$12,000,000
Products/Completed Operations Aggregate	Up to \$10,000,000
Personal and Advertising Injury	Up to \$10,000,000
Participant Legal Liability	Up to \$10,000,000
Damage to Premises Rented to you	\$1,000,000
Medical Expenses (any one person)	\$5,000
Sexual Abuse & Molestation - Each Occur	\$1,000,000
Sexual Abuse & Molestation - Aggregate	\$2,000,000
Crisis Management Coverage Sub-Limit	\$250,000
Participant vs. Participant	Up to \$1,000,000

Who is insured? (The following categories include but are not limited to)

Athletes and Non-Athletes

Member clubs/teams

Event organizers, promoters, sponsors and managers of AAU sanctioned events

Volunteers while acting in their capacity at an AAU sanctioned event

AAU of the USA, Inc.

AAU Districts, AAU Governors and Administrators, AAU Directors & Officers

Officials while acting in their capacity at an AAU sanctioned event

Spectators

Covered events

Sanctioned Events: This is an event that has been applied for and received a sanction from the AAU of the U.S. Inc.

Supervised Practices for member clubs.

EXTENDED COVERAGE (AB) INSURANCE PROGRAM

The Extended Coverage (AB) program was developed to extend coverage for AAU members while participating in events hosted by organizations that are not member clubs of the AAU. Coverage in this program is provided for properly registered athletes or non-athletes.

Sports Accident	\$50,000
Liability Coverage	Up to \$10,000,000
Aggregate - per club/team per year	Up to \$12,000,000

*Extended Coverage (AB) Is not available in the sport of Adult Taekwondo

*Any organization that is a member of the AAU and hosts an event that is not sanctioned by the AAU would not have any coverage for the event, even if its members are AAU AB Registered.

VERIFICATION OF INSURANCE AVAILABLE

ALL INSURANCE CERTIFICATES ARE AVAILABLE AT WWW.AAUSPORTS.ORG UNDER THE INSURANCE OVERVIEW TAB

Verification of Insurance: This document verifies the club has insurance coverage as defined by the AAU policy and extends the club's coverage to a third party (if accepted by the third party). Your specific club name will appear on the document. **Free-Documents Available immediately.**

THIRD PARTY/ADDITIONAL INSURED INSURANCE CERTIFICATES AVAILABLE

ALL INSURANCE CERTIFICATES ARE AVAILABLE AT WWW.AAUSPORTS.ORG UNDER THE INSURANCE OVERVIEW TAB

This program is designed to provide member clubs the ability to obtain certificate(s). The fee structure is based on requesting the third party/additional insured certificate(s) at least 30 days before coverage start date or incurring an expedite fee

Fee Structure	Fee	Expedite Fee	Total
Start Date is 31 + days from today	\$35	NA	\$35
Start Date is 16-30 days from today	\$35	\$65	\$100
Start Date is 0-15 days from today	\$35	\$100	\$135

For the fees listed above, you may request up to 200 third party/additional insured certificate(s) in one transaction. If you do not list all requests on your initial submission, there will be a \$25.00 transaction fee each time you return to list additional requests. For each facility/entity over 200 there is a \$10.00 per facility/entity fee.

PRACTICE CERTIFICATES: Fees apply. This certificate extends coverage for members during practice and practice only. The practice must be scheduled & supervised by an AAU non-athlete member. It specifically names the third party/additional insured, confirms the club has coverage as defined by the AAU policy and extends the club's coverage to the third party/additional insured. (This certificate is applicable where needed for CG 2026 1185).

Available 2 hours after certificate request

EVENT CERTIFICATES: Fees apply. This certificate extends coverage for activities such as leagues, tournaments, clinics and other events approved by the Amateur Athletic Union of the United States, Inc. There must be a sanction number relative to this event. Sanctions may take up to 16 days for approval. It specifically names the third party/additional insured, confirms the club has coverage as defined by the AAU policy and extends the club's coverage to the third party/additional insured. (This certificate is applicable where needed for CG 2026 1185).

Requested certificates available 2 hours after sanction approval

SPONSOR: Fees apply. This certificate extends coverage to a benefactor or donor who supports a member club. The sponsor name will appear on the certificate(s). It confirms the club has coverage as defined by the AAU policy and extends the club's coverage to the third party/additional insured. (This certificate is applicable where needed for CG 2026 1185).

Available 2 hours after certificate request

EXTENDED COVERAGE (AB) CERTIFICATE: Fees apply. This certificate is for AAU member clubs while participating in events hosted by organizations that are not member clubs of the AAU. These non-AAU events include leagues, tournaments, clinics, etc. This certificate must be obtained by an AAU member club. This certificate insures the named third party in regards to the AAU member club's sole negligence. The entire competing team and coach (non-athlete) must be AAU AB members. If you are a member of the AAU in the AB category and conduct an event that is not sanctioned by the AAU, you forfeit your rights of AB coverage for said event.

Available 2 hours after certificate request



This brochure is only a brief description of the coverage available under the AAU Policies. The policies may contain reductions, limitations, exclusions and termination provisions. If there is a conflict between the contents of this document and the policy, the terms and conditions of the policy will govern in all cases.

Awards, Banner and Ribbon Items

National Championship Medals

Medals are available in Gold, Silver, Bronze and Copper. These medals can only be sent for National Championship only and you must send a copy of the sanction form with the order form.

District Championship Medals

Medals are available in Gold, Silver, Bronze and Copper. A set (gold, silver, bronze) sells for \$6.20 per set with an additional cost of \$2.00 per copper medal. Individual medals sell for \$2.48 each. These medals are available for District and Regional championships only and you must send a copy of the sanction form with the order form.

“Sports For All, Forever” Medals

Medals are available in Gold, Silver, Bronze. These medals can only be used for Invitational, League Open or Preliminary events ONLY. This medal is NOT to be used for a District Championship or Regional event. These medals sell for \$1.91 per medal and order must have the sanction form sent with it.

Official AAU Banner

Banner is available in vinyl only and is 3x8 feet in size. This banner may be purchased for all AAU Sanctioned events only. A sanction form must accompany the order form. The banner sells for \$30.00 per banner.

Ribbons

Ribbons are available for General or Sport Specific events. The ribbons start at 1st place – 8th place with a Merit ribbon available. These ribbons sell for \$0.19 per ribbon.

Shipping Information

All medal orders are assessed a handling fee of 10% of the total cost on orders LESS than \$1,000 to cover the shipping cost (5% on orders of \$1,000 or more). Banner orders handling fee is two-fold: a flat \$6.00 for orders of 4 or less banners. For orders of 5 or more banners, 6% of the total will be used to cover shipping costs.

Orders that are received 15 working days or less prior to the event will be assessed a \$40.00 late fee. In addition if the order requires next day shipping or 2-day shipping, you must pay the shipping cost via credit card. NO C.O.D.!!!

AAU Banner Order Form

Number of Banners Requested:

3 X 8

@

\$35.00 each*

Subtotal

Shipping

1 – \$6 2 or more 10%

Total Paid

***Please note banner price has changed**

Send Banners To: (Street Address Only! No Post Office Boxes!)

Name:

Address:

City:

State:

Zip:

Evening Phone:

Day Phone:

Fax:

Email:

CREDIT CARD INFORMATION:
(circle one)

VISA

MASTERCARD

AMERICAN EXPRESS

Credit Card Number:

Expiration Date:

Billing

Address:

Fax orders (along with AAU Sanction Number) to Alex Linares at 407-828-5602

AAU National Office
PO Box 22409
Orlando, FL 32821
Attn: Alex Linares



AAU Registered Member Sports Accident Claim Procedure

1. To file this form you must be an AAU member.
2. Complete a Sports Accident Claim Form, and mail it to NAHGA as soon as possible. Keep one copy for your records.
3. You will receive a confirmation letter from NAHGA acknowledging receipt of form, assigning a case number, and providing instructions.

NOTE:

- Each claim is subject to a \$200 deductible.
- Sports Accident Form must be submitted to NAHGA within 90 days after the date of the injury/loss/incident.
- Injured member must seek treatment by a Physician within 60 days of date of injury/loss/incident.
- Benefits are payable for such covered charges that are incurred within 52 weeks from date of injury.
- Submit all claims to your primary insurance carrier first. If dental claim please submit to dental and health insurance.
- Signature of injured party or legal guardian is required.
- AAU, NAHGA, or Foy Insurance **can not** authorize direct payment for any medical procedures. Above reimbursement process must be followed for every medical bill.
- Payment will be made to directly to medical providers unless paid receipt is included with submission.

Submit Sports Accident Claim Form to via mail, fax, or email:

NAHGA Claims Services
3277 White Mountain Hwy
PO Box 1760
North Conway, NH 03860

Tel # 800-952-4320
Fax# 207-647-4569
Email: AAU@nahga.com

Please print or type. Incomplete forms will be returned.

SEND COMPLETED FORM TO: NAHGA Claim Services
3277 White Mountain Hwy
PO Box 1760
North Conway NH 03860
Tel # (800) 952-4320
Fax # (207) 647-4569
Email AAU@NAHGA.com



SPORTS ACCIDENT CLAIM FORM

Underwritten by: National Union Fire Ins Co of Pittsburgh PA

PART 1: AAU REGISTERED MEMBER

(1) Amateur Athletic Union of the United States		(2) Policy Number SRG-9101737	
(3) Claimant - Last Name, First Name		(4) Claimant Social Security #	(5) <input type="checkbox"/> Athlete (coach-volunteer) <input type="checkbox"/> Non-Athlete
(6) Mailing Address where Insurance Info/Requests should be mailed		(7) City, State, Zip	
(8) Birthdate	(9) Male <input type="checkbox"/> Female <input type="checkbox"/>	(10) Phone #	(11) AAU Member ID
(12) Email		(13) AAU Club Name & Number	
(14) If claimant is an adult, name and address of Employer:			

PART 2: INJURY DETAILS

(1) Date & Time of Injury	(2) Address where occurred?	(3) Sport
(4) Description of injury and how it occurred?		(5) Part of body injured (incl Left or Right)
(6) Date of first medical treatment	(7) Action Taken: <input type="checkbox"/> Released to Parent <input type="checkbox"/> Ambulance Transport <input type="checkbox"/> Refused Care <input type="checkbox"/> Referred to Hospital/Clinic <input type="checkbox"/> Own Accord (Adult)	
(8) Was injury during AAU sanctioned activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	(9) List Name of Event	(10) Sanction #
(11) Was injury at Competition? Yes <input type="checkbox"/> No <input type="checkbox"/>	(12) Was injury at Supervised Practice? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(13) Was the claimant supervised when injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	(14) Was injury during travel to or from scheduled activity in a supervised group? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(15) Print Name of Coach/Club Representative/ or Witness	(16) Signature of Coach/Club Representative/Witness	(17) Phone

PART 3: PARENT OR GUARDIAN STATEMENT (Must be completed if claimant is a minor)

(1) Father/Guardian Name Telephone	(7) Mother/Guardian Name Telephone
(2) Home Address (Street, City, State, Zip)	(8) Home Address (Street, City, State, Zip)
(3) Employer	(9) Employer
(4) Father's Employer Address (Street, City, State, Zip)	(10) Mother's Employer Address (Street, City, State, Zip)
(5) Business Phone	(11) Business Phone
(6) Employer Medical Insurance Policy	(12) Employer Medical Insurance Policy
(6a) Is Claimant covered under that policy? Yes <input type="checkbox"/> No <input type="checkbox"/>	(12a) Is Claimant covered under that policy? Yes <input type="checkbox"/> No <input type="checkbox"/>

PART 4: INSURANCE VERIFICATION

Is Claimant covered by any other insurance policy (other than this policy), either as an individual, dependent, group, automobile medical or liability? Yes ☐ No ☐

If yes, please list name of insurance carrier: _____

Please note that if other insurance exists, all claims must be submitted to that other insurance policy first.

PART 5: AUTHORIZATION

I hereby authorize any hospital, physician, employer, or other person who has attended or examined the Claimant to disclose when requested to do so, any information to NAHGA CLAIM SERVICES with respect to any injury, policy coverage, medical history, consultations, prescription or treatment, and copies of all hospital or medical records and itemized bills. A copy of this authorization shall be considered as effective and valid as the original. I swear that the above information is true and correct to the best of my knowledge and understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information thereto with the intent to defraud an insurance company.

X

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

Date

AUTHORIZATION TO PAY BENEFITS TO PROVIDER: I hereby authorize payment directly to the Provider of service for medical benefits, if any, otherwise payable to me for services rendered but not to exceed the reasonable and customary charge for those services.

X

Signature of Claimant (or Parent/Guardian if Claimant is under 18 years of age)

Date

Note: If you do not sign the authorization to pay benefits to the provider and would like payment made directly to you, you MUST submit paid receipts for each bill.

NAHGA Claim Services



Date

To the parents or guardian of

Name

Address

City, State, Zip

This letter shall serve as confirmation that the following Sports Accident Claim Form has been received under the Amateur Athletic Union of the United States (AAU) accident policy #SRG9101737. Please keep this letter for future reference.

Athlete:

Date of Injury:

Policy: SRG9101737

NAHGA Case Number:

Sport:

The following are the steps necessary to file for reimbursement of an allowable AAU Sports Accident claim. The AAU insurance policy is excess to any other valid and collectible insurance.

1. Submit copy of all itemized medical bills*, statements and receipts. (Bills must include diagnosis and procedure codes).
2. Submit copy of primary insurance Explanation of Benefits** (EOB) for each medical bill even if claim is denied.
3. Submit a copy of the confirmation letter received from NAHGA assigning a case number.
4. Submit all documents to NAHGA (contact information below)

NOTE:

- Each claim is subject to a \$200 deductible.
- Sports Accident Form must be submitted to NAHGA within 90 days after the date of the injury/loss/incident.
- Benefits are payable for such covered charges that are incurred within 52 weeks from date of injury.
- Submit all claims to your primary insurance carrier first. If dental claim please submit to dental and health insurance.
- Signature of injured party or legal guardian is required.
- AAU, NAHGA, or Foy Insurance **can not** authorize direct payment for any medical procedures. Above reimbursement process must be followed for every medical bill.
- Payment will be made to directly to medical providers unless paid receipt is included with submission.

Explanation of forms needed to be submitted along with claim form:

***Copy of medical bills. Typical forms are HCFA1500, UB92, or UB04 forms?**

A HCFA is a specific medical billing form that is utilized by physician and outpatient offices to bill medical charges to insurance carriers or Third Party Claim Administrators. A UB92 or UB04 are also specific billing forms; however, they are utilized exclusively by hospitals and outpatient surgical facilities.

****EOB (Explanation of Benefits) Form**

EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it is payment, denial, or pending) to a medical claim processed on your behalf. Often, this item is requested if we are processing a claim for you and you have any other insurance. This document is necessary for us to properly adjudicate benefits after your primary insurance. Most Health Insurance companies this form can easily be printed from their web site.

Submit claim forms to via mail, fax, or email:

NAHGA Claims Services
3277 White Mountain Hwy
PO Box 1760
North Conway, NH 03860

Tel # 800-952-4320
Fax# 207-647-4569
Email: AAU@nahga.com

Ver. 6-14-10

Thank you,
Alyssa McIntyre
Email: aa@nahga.com

Disclaimer: This letter is in no way a confirmation that the submitted case and /or charges are covered under the Master AAU policy – this letter is intended only to confirm receipt of Sports Accident Form. A copy of the master policy is on file with the AAU.

AMATEUR ATHLETIC UNION POWERLIFTING THREE LIFT AAU MEET CARD

Flight

Name		Rack Height	In or Out	Plates or blocks
Home Town:	Gender	Weight	Weight Class	Age
Event(s):				
	First Attempt	Second Attempt	Third Attempt	Fourth Attempt
Squat				
Bench				
Deadlift				
Comment				Total
Masters Age Multiple	Malone coeff	Schwartz coeff	Overall Factor	

AMATEUR ATHLETIC UNION POWERLIFTING THREE LIFT AAU MEET CARD

Flight

Name		Rack Height	In or Out	Plates or blocks
Home Town:	Gender	Weight	Weight Class	Age
Event(s):				
	First Attempt	Second Attempt	Third Attempt	Fourth Attempt
Squat				
Bench				
Deadlift				
Comment				Total
Masters Age Multiple	Malone coeff	Schwartz coeff	Overall Factor	

**AMATEUR ATHLETIC UNION POWERLIFTING
SINGLE LIFT AAU MEET CARD**

NAME:				RACK HEIGHT:				IN	OUT
AAU CARD:				LOT:					
WEIGHT:			WEIGHT CLASS:			AGE:			
HOME TOWN:									
CLUB/TEAM:									
CONTEST:									
ENTERED IN:	YOUTH UP TO 11	TEENAGE 12 TO 19	JUNIOR 20 TO 23	OPEN	SUBMASTER 35 TO 39	MASTER 40 PLUS	LAW/MIL/FIRE	LIFETIME	
1ST ATTEMPT:			GOOD		NO LIFT				
2ND ATTEMPT:			GOOD		NO LIFT				
3RD ATTEMPT:			GOOD		NO LIFT				
AGE COEF:			WEIGHT COEF:			TOTAL ADJUSTMENT			
TOTAL COEF:			BEST LIFT			OVERALL FACTOR			

**AMATEUR ATHLETIC UNION POWERLIFTING
SINGLE LIFT AAU MEET CARD**

NAME:				RACK HEIGHT:				IN	OUT
AAU CARD:				LOT:					
WEIGHT:			WEIGHT CLASS:			AGE:			
HOME TOWN:									
CLUB/TEAM:									
CONTEST:									
ENTERED IN:	YOUTH UP TO 11	TEENAGE 12 TO 19	JUNIOR 20 TO 23	OPEN	SUBMASTER 35 TO 39	MASTER 40 PLUS	LAW/MIL/FIRE	LIFETIME	
1ST ATTEMPT:			GOOD		NO LIFT				
2ND ATTEMPT:			GOOD		NO LIFT				
3RD ATTEMPT:			GOOD		NO LIFT				
AGE COEF:			WEIGHT COEF:			TOTAL ADJUSTMENT			
TOTAL COEF:			BEST LIFT			OVERALL FACTOR			

Lifting Order

Flight

Openers

Lifters

1	
2	
3	
4	
5	
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21	
22	
23	

Kilogram Loading Guide and Kilogram to Pound Conversion Chart

Kilograms	Pounds	25	20	15	10	5	2.5	1.25
27.5	60.6							1
30	66.1						1	
32.5	71.6						1	1
35	77.2					1		
37.5	82.7					1		1
40	88.2					1	1	
42.5	93.7					1	1	1
45	99.2				1			
47.5	104.7				1			1
50	110.2				1		1	
52.5	115.7				1		1	1
55	121.3			1				
57.5	126.8			1				1
60	132.3			1			1	
62.5	137.8			1			1	1
65	143.3		1					
67.5	148.8		1					1
70	154.3		1				1	
72.5	159.8		1				1	1
75	165.3	1						
77.5	170.9	1						1
80	176.4	1					1	
82.5	181.9	1					1	1
85	187.4	1				1		
87.5	192.9	1				1		1
90	198.4	1				1	1	
92.5	203.9	1				1	1	1
95	209.4	1			1			
97.5	214.9	1			1			1
100	220.5	1			1		1	
102.5	226	1			1		1	1
105	231.5	1		1				
107.5	237	1		1				1
110	242.5	1		1			1	
112.5	248	1		1			1	1
115	253.5	1	1					
117.5	259	1	1					1
120	264.6	1	1				1	
122.5	270.1	1	1				1	1
125	275.6	2						
127.5	281.5	2						1
130	286.6	2					1	
132.5	292.1	2					1	1
135	297.6	2				1		
137.5	303.1	2				1		1
140	308.6	2				1	1	
142.5	314.2	2				1	1	1
145	319.7	2			1			
147.5	325.2	2			1			1
150	330.7	2			1		1	
152.5	336.2	2			1		1	1
155	341.7	2		1				
157.5	347.2	2		1				1
160	352.7	2		1			1	
162.5	358.2	2		1			1	1
165	363.8	2	1					
167.5	369.3	2	1					1
170	374.8	2	1				1	
172.5	380.3	2	1				1	1

Kilograms	Pounds	25	20	15	10	5	2.5	1.25
175	385.8	3						
177.5	391.3	3						1
180	396.8	3					1	
182.5	402.3	3					1	1
185	407.9	3				1		
187.5	413.4	3				1		1
190	418.9	3				1	1	
192.5	424.4	3				1	1	1
195	429.9	3			1			
197.5	435.4	3			1			1
200	440.9	3			1		1	
202.5	446.4	3			1		1	1
205	451.9	3		1				
207.5	457.5	3		1				1
210	463	3		1			1	
212.5	468.5	3		1			1	1
215	474	3	1					
217.5	479.5	3	1					1
220	485	3	1				1	
222.5	490.5	3	1				1	1
225	496	4						
227.5	501.5	4						1
230	507.1	4					1	
232.5	512.6	4					1	1
235	518.1	4				1		
237.5	523.6	4				1		1
240	529.1	4				1	1	
242.5	534.6	4				1	1	1
245	540.1	4			1			
247.5	545.6	4			1			1
250	551.2	4			1		1	
252.5	556.7	4			1		1	1
255	562.2	4		1				
257.5	567.7	4		1				1
260	573.2	4		1			1	
262.5	578.7	4		1			1	1
265	584.2	4	1					
267.5	589.7	4	1					1
270	595.2	4	1				1	
272.5	600.8	4	1				1	1
275	606.3	5						
277.5	611.8	5						1
280	617.3	5					1	
282.5	622.8	5					1	1
285	628.3	5				1		
287.5	633.8	5				1		1
290	639.3	5				1	1	
292.5	644.8	5				1	1	1
295	650.4	5			1			
297.5	655.9	5			1			1
300	661.4	5			1		1	
302.5	666.9	5			1		1	1
305	672.4	5		1				
307.5	677.9	5		1				1
310	683.4	5		1			1	
312.5	688.9	5		1			1	1
315	694.4	5	1					
317.5	700	5	1					1
320	705.5	5	1				1	

Kilogram Loading Guide - Light Weights
With 5 and 10 kg. Bumpers* & 15 kg. Bar/Collars

Kilograms	Pounds	10*	5*		10	5	2.5	1.25
15	33							
17.5	38.6							1
20	44.1						1	
22.5	49.6						1	1
25	55.1		1					
27.5	60.6		1					1
30	66.1		1				1	
32.5	71.7		1				1	1
35	77.2	1						
37.5	82.7	1						1
40	88.2	1					1	
42.5	93.7	1					1	1
45	99.2	1	1					
47.5	104.8	1	1					1
50	110.2	1	1				1	
52.5	115.7	1	1				1	1
55	121.3	1			1			
57.5	126.8	1			1			1
60	132.3	1			1		1	
62.5	137.8	1			1		1	1
65	143.3	1			1	1		
67.5	148.8	1			1	1		1
70	154.3	1			1	1	1	
72.5	159.8	1			1	1	1	1



Virginia Powerlifting Association, Inc.
6108 Pine Slash Rd.
Mechanicsville, Virginia 23116
804-512-0911

Kilogram to Pound Conversion Factor
1 Kilogram = 2.2046 Pounds

Number of Plates per Platform	
Plates	No./Platform
25 kg.	10 or 12
20 kg.	2
15 kg.	2
10 kg.	2
5.0 kg.	2
2.5 kg.	2
1.25 kg.	2
0.5 kg.	2

Kilogram Loading Guide Continued
Greater than 320 kg.

Kilograms	Pounds	25	20	15	10	5	2.5	1.25
322.5	711	5	1				1	1
325	716.5	6						
327.5	722	6						1
330	727.5	6					1	
332.5	733	6					1	1
335	738.5	6				1		
337.5	744.1	6				1		1
340	749.6	6				1	1	
342.5	755.1	6				1	1	1
345	760.6	6			1			
347.5	766.1	6			1			1
350	771.6	6			1		1	
352.5	777.1	6			1		1	1
355	782.6	6		1				
357.5	788.2	6		1				1
360	793.7	6		1			1	
362.5	799.2	6		1			1	1
365	804.7	6	1					
367.5	810.2	6	1					1
370	815.7	6	1				1	
372.5	821.2	6	1				1	1
375	826.7	6	1			1		
377.5	832.2	6	1			1		1
380	837.8	6	1			1	1	
382.5	843.3	6	1			1	1	1
385	848.8	6	1		1			
387.5	854.3	6	1		1			1
390	859.8	6	1		1		1	
392.5	865.3	6	1		1		1	1
395	870.8	6	1	1				

Alternate - Heavy Loading Guide
When only 10 - 25 kg. plates are available per platform

327.5	722	5	1			1		1
330	727.5	5	1			1	1	
332.5	733	5	1			1	1	1
335	738.5	5	1		1			
337.5	744.1	5	1		1			1
340	749.6	5	1		1		1	
342.5	755.1	5	1		1		1	1
345	760.6	5	1	1				
347.5	766.1	5	1	1				1
350	771.6	5	1	1			1	
352.5	777.1	5	1	1			1	1
355	782.6	5	1	1		1		
357.5	788.2	5	1	1		1		1
360	793.7	5	1	1		1	1	
362.5	799.2	5	1	1		1	1	1
365	804.7	5	1	1	1			
367.5	810.2	5	1	1	1			1
370	815.7	5	1	1	1		1	
372.5	821.2	5	1	1	1		1	1
375	826.7	5	1	1	1	1		
377.5	832.2	5	1	1	1	1		1
380	837.8	5	1	1	1	1	1	
382.5	843.3	5	1	1	1	1	1	1

Revised 10/24/04



Kilogram to Pound Conversion Chart

1 Kilogram = 2.2046 Pounds



Kilograms	Pounds
15	33.1
17.5	38.6
20	44.1
22.5	49.6
25	55.1
27.5	60.6
30	66.1
32.5	71.7
35	77.2
37.5	82.7
40	88.2
42.5	93.7
45	99.2
47.5	104.8
50	110.2
52.5	115.7
55	121.3
57.5	126.8
60	132.3
62.5	137.8
65	143.3
67.5	148.8
70	154.3
72.5	159.8
75	165.3
77.5	170.9
80	176.4
82.5	181.9
85	187.4
87.5	192.9
90	198.4
92.5	203.9
95	209.4
97.5	214.9
100	220.5
102.5	226
105	231.5
107.5	237
110	242.5
112.5	248
115	253.5
117.5	259

Kilograms	Pounds
120	264.6
122.5	270.1
125	275.6
127.5	281.5
130	286.6
132.5	292.1
135	297.6
137.5	303.1
140	308.6
142.5	314.2
145	319.7
147.5	325.2
150	330.7
152.5	336.2
155	341.7
157.5	347.2
160	352.7
162.5	358.2
165	363.8
167.5	369.3
170	374.8
172.5	380.3
175	385.8
177.5	391.3
180	396.8
182.5	402.3
185	407.9
187.5	413.4
190	418.9
192.5	424.4
195	429.9
197.5	435.4
200	440.9
202.5	446.4
205	451.9
207.5	457.5
210	463
212.5	468.5
215	474
217.5	479.5
220	485
222.5	490.5

Kilograms	Pounds
225	496
227.5	501.5
230	507.1
232.5	512.6
235	518.1
237.5	523.6
240	529.1
242.5	534.6
245	540.1
247.5	545.6
250	551.2
252.5	556.7
255	562.2
257.5	567.7
260	573.2
262.5	578.7
265	584.2
267.5	589.7
270	595.2
272.5	600.8
275	606.3
277.5	611.8
280	617.3
282.5	622.8
285	628.3
287.5	633.8
290	639.3
292.5	644.8
295	650.4
297.5	655.9
300	661.4
302.5	666.9
305	672.4
307.5	677.9
310	683.4
312.5	688.9
315	694.4
317.5	700
320	705.5
322.5	711
325	716.5
327.5	722

Kilograms	Pounds
330	727.5
332.5	733
335	738.5
337.5	744.1
340	749.6
342.5	755.1
345	760.6
347.5	766.1
350	771.6
352.5	777.1
355	782.6
357.5	788.2
360	793.7
362.5	799.2
365	804.7
367.5	810.2
370	815.7
372.5	821.2
375	826.7
377.5	832.2
380	837.8
382.5	843.3
385	848.8
387.5	854.3
390	859.8
392.5	865.3
395	870.8
397.5	876.3
400	881.8
402.5	887.3
405	892.9
407.5	898.4
410	903.9
412.5	909.4
415	915
417.5	920.4
420	926
422.5	931.4
425	937
427.5	942.5
430	948
432.5	953.5

Competition Rules Briefing Notes

Housekeeping

1. Pagers and cell phones
2. Smoking
3. Bathrooms
4. Emergency exits
5. Food & drink
6. Concessions

Warm-up Room

1. Share platforms
2. Use collars
3. Enough weights on each platform
4. Clean weights off bar
5. Must keep plates & apparatus on platforms/rubber
6. Chalk & powder on carpet
7. Posting of flights
8. Weight plates are in pounds
9. Conversion charts available

Competition Platform

1. Scoreboard
 - Kilos
 - Lights right/center/left
 - 60 second clock
 - Record light
2. Coral (coaches and athletes only)
3. Platform – carpet area coaches & athletes – AAU card
4. Next attempt
 - 1 minute
 - In kilos
5. Computer
 - Lift order may be incorrect
 - Official record – athlete/coach must confirm
6. Announcer will maintain lift order

7. Inhalants

8. Spotters/loaders

9. Coaches

- May lift off bench
- May back spot on squats
- May not coach on platform

10. Bench Press

- Single blocks
- Double blocks
- Triple blocks

11. Special Equipment

- Pixie platform
- Bench
- Light weight bar (15 kg)
- Bumper plates

12. Records

- What records can be broken
- Record book location
- Records must be entered by the athlete on the AAU website. This will go in as a record dispute. The administrator or meet director will either approve or deny the record attempt. The record will not be accepted until all paperwork from the meet director has been received in the National Office. Please allow up to 4 weeks for this process.
- Must be a minimum of ½ kg. (1/2 & 1/4 plates)
- Record may be broken during any lift
- Notify when giving next attempt
- Fourth attempt
 - -must have successful attempt within 5% of record
 - -ask permission

Lifting Attire

- Shirts on all lifts
- Singlet
- Raw – belt only – no stretch clothing
- Assisted – single ply – must be inspected

- No hats and headbands
- Injuries and wraps
- Adjusting equipment – belt only on platform

Rules for each lift

Squat

- Commands – “squat”, “rack”
- Step out and lock out before “squat” command
- No double bounce at the bottom
- Must break parallel
- Steady upward movement
- Lockout at the top
- Spotter assistance with racking
- Bar movement on the back
- Feet movement
- Dumping the bar

Bench Press

- Commands – “press”, “rack”
- No “thumbless” grips
- Hand position
- Hand off – may use coach or spotter
- Lock out at the top
- Must touch chest (no touch & go)
- No “sinking” the bar
- Steady upward motion – even “lock-out”
- May use spotters to assist with racking
- Foot movement
- Head movement
- Butt movement

Deadlift

- Commands – “down”
- Steady upward movement
- Lock-out (caution about shrugging of the shoulders)
- “Hitching”

- Foot movement
- Dropping the bar

AMATEUR ATHLETIC UNION



Official Referee Meet Shirts

\$20.00/shirt (plain)

\$30.00/shirt (name & credentials)

Please, print information:

Name:

Mailing Address:

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Size: _____ Quantity: _____ Total Amount Paid: _____

Monogram

Name/Credentials: _____

Remit Payment to:

**VA Powerlifting Association
6108 Pine Slash Road
Mechanicsville, VA 23116
804-559-4624**

Please allow 4 weeks for delivery.

Lifter: _____

Powerlifting Meet Checklist

Drug Waiver

- ☐ Signed
- ☐ Waived

AAU Card

- ☐ Copy attached
- ☐ Copy needed or purchase

Entry Fees

- ☐ Paid
- ☐ Owes _____

Application Problems

- ☐ Weight class ?
- ☐ Categories?
- ☐ Raw or Assisted

Equipment Checked

- ☐ Raw - Yes
- ☐ Assisted - Yes
- ☐ Raw – No
- ☐ Raw – No

**2006 AAU XXXXXPOWERLIFTING CHAMPIONSHIPS
AND
XXXXXXXXXXXXXXXXX PUSH/PULL & SINGLE LIFT CHAMPIONSHIPS**



Date _____
Facility Name _____ City and State _____

INFORMATION SHEET

LIMITED TO 120 LIFTERS EACH DAY

QUESTIONS, CONTACT:

Name of Event _____
Event Director _____

Phone _____ -- Fax -- _____ www.aausports.org

ENTRY DEADLINE:

WEIGHT CLASS: Women 30/66, 35/77, 40/88, 44/97, 48/105, 52/114, 56/123, 60/132, 67/148, 75/165, 82/181, 90/198, 90/198+
Men 30/66, 35/77, 40/88, 44/97, 48/105, 52/114, 56/123, 60/132, 67/148, 75/165, 82/181, 90/198, 100/220, 110/242,
125/275, 140/308, 140/308+

DIVISIONS: Youth / Teen / Juniors / Open (All Ages) / Sub-Masters / Masters / Military/ Law & Fire / Lifetime / Special Athletes

LIFTING ATTIRE: One-piece lift suit (wrestling singlet) is **mandatory for all lifters**. For more information go to www.aausports.org
Click Handbook, then Costume.

REGISTRATION/WEIGH-IN: All Male Junior and Adult Males up to and including 198 lbs/90 kgs ; Thursday , October 19th 4:00 -- 5:30 pm
or Friday, October 20th 6 -- 7:30 am

All Females, all Male Youth and Teens up to 19 years old (regardless of weight class)
Friday, October 20th 4 -- 5:30 pm or Saturday, October 21st 6- 7:30 am

All Male Junior and Male Adults 220 lbs/100 kgs. and over; Saturday, October 21st 4 -5:30 pm
or October 22nd 6 -- 7:30 am

RULES BRIEFING: All Male Junior and Adult Males up to 198 lbs/90 kgs. Friday, October 20th at 8:00 am
All Females, all Male Youth and Teens up to 19 years old (regardless of weight) Saturday, October 21st at 8:00 am
All Male Junior and Male Adults 220 lbs/100 kgs. and over; Sunday, October 22nd at 8:00 am
ALL LIFTERS MUST ATTEND THE RULES BRIEFING

LIFTING STARTS: 9:00 am each day

SPECTATOR'S AND COACH'S FEE: (12 years and older) ONE DAY PASS: \$7 or THREE-DAY PASS: \$12

CONTEST: SQUAT, BENCH and DEADLIFT -- Raw and Assisted -- AAU rules apply
-- Meets will be run in either sessions or flights -- Mandatory equipment check at registration
-- One or two platforms -- Kilogram plates will be used on the platform

AWARDS: Metals will be awarded for 1st -- 5th Place in all Divisions, Weight Classes & Crossovers
Plaques will be awarded for 1st -- 5th Place Teams. Teams must be registered with A.A.U. as a club

RECORDS: Breaking /setting records will require proof age at the end of meet to retain record. Drivers License or Birth Certificate

ENTRY FEE: \$65 (LATE FEE AFTER OCTOBER 1: \$80) -- EACH CROSSOVER: \$35 -- TEAMS: \$25
NO REFUNDS -- NO ENTRIES AFTER OCTOBER 10TH -- NO EXCEPTIONS!

LOCATION: CROWNE PLAZA, 6531 WEST BROAD STREET, RICHMOND, VIRGINIA: Phone number -- 804-285-9951

DIRECTIONS: From North of Richmond, I-95 South to Exit 79 (I-64 West), Exit on Broad Street (Exit 183 B)
From South of Richmond, I-95 North to Exit 79 (I-64 West), Exit on Broad Street (Exit 183B)
From West of Richmond, I-64 East to Broad Street Exit (Exit 183B)
From East of Richmond, I-64 West to I-95 North to Exit 79 (I-64 West), Exit on Broad Street (Exit 183B)

ELIGIBILITY: All contestants must be current AAU members. Cards may be purchased online at www.aausports.org. Cards may also be
purchased at Weigh-ins. Note: Annual memberships expire August 31, 2006. Adults: \$32 Ages 19 & under: \$12

RULES: All AAU rules apply. See www.aausports.org -- Click on Handbook

DRUG TESTING: Athletes may be tested during or after the meet

HOTEL

DATE RECEIVED: _____

PAID: Check ☐ Cash ☐ Money Order ☐

COMPLETE, SIGN AND MAIL THIS SHEET WITH YOUR PAYMENT. THANK YOU!

**Seventh Annual 2009 AAU Triple Crown Classic
2009 AAU East Coast Bench Press Classic
2009 AAU Virginia State Championship**



Sunday, May 31, 2009

**Lee Davis High School
Mechanicsville, Virginia**



ENTRY FORM

LIMITED TO 120 LIFTERS

ENTRY FORMS WILL NOT BE ACCEPTED AFTER May 25, 2009

QUESTIONS, CONTACT:

VIRGINIA POWERLIFTING ASSOCIATION

Judy Wood after 7:00 p.m. 804-559-4624

Jill Meads after 7:00 p.m. 804-730-8810

E-MAIL: vapowerlifting@aol.com

PLEASE PRINT:

NAME: _____
FIRST LAST

DATE OF BIRTH: _____ AGE: _____ SEX: M ☐ F ☐ BODY WT: _____ ☐ Lbs. ☐ Kgs.
M M D D Y Y

ADDRESS: _____

COUNTRY: _____

CITY: _____ STATE: _____ ZIP: _____ DAY

PHONE _____ NIGHT PHONE _____

EMAIL _____

A.A.U. CARD NUMBER _____ EXPIRATION: 20 _____

If available, Please send a copy of your 2009 card with this application.

HAVE YOU COMPETED IN A MEET HOSTED BY THE VIRGINIA POWERLIFTING ASSOCIATION?

☐ YES ☐ NO ☐ NOT SURE

MEMBER OF WHAT GYM / FITNESS CENTER / YMCA OR OTHER:

NAME: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

REGISTRATION CATEGORIES:

Please Print:

NAME: _____
FIRST LAST

CIRCLE WEIGHT CLASS: (all lifters must circle one) *Kilograms/Pounds*

FEMALE: 30/66 35/77 40/88 44/97 48/105 52/114 56/123 60/132 67/148 75/165 82/181 90/198 100/220 100/220+

MALE: 30/66 35/77 40/88 44/97 48/105 52/114 56/123 60/132 67/148 75/165 82/181 90/198 100/220 110/242

125/275 140/308 140/308+

All lifters must register as “Raw” and/or “Assisted” in one of the three Meets and check one Division in that meet. Then, you may “Crossover” to the other Meets and/or Division(s). Please check the box next to each Division(s) you wish to compete in. Remember, the first Division will cost \$60.00. All “Crossovers” will cost \$35.00 each.

Check the box to the left of each appropriate Division listed below.

Triple Crown Classic (3-lift meet): Age ____

CHECK ONE: ☐ RAW ☐ ASSISTED

Check the box to the left of each Division you wish to compete in:

☐ SPECIAL ATHLETE ☐ YOUTH (UP TO 11 YEARS OLD)

☐ TEEN (12 – 19)

☐ JUNIOR (20-23) ☐ JUNIOR LAW / FIRE/ MILITARY

☐ OPEN (ANY AGE) ☐ OPEN LAW/ FIRE/ MILITARY

☐ SUB-MASTER (35-39) ☐ SUB-MASTER LAW /FIRE/ MILITARY

☐ MASTER (40 AND OVER) ☐ MASTER LIFETIME ☐ MASTER LAW / FIRE /MILITARY

Check the box to the left of each appropriate Division listed below.

East Coast Bench Press Classic: Age ____

CHECK ONE: ☐ RAW ☐ ASSISTED

Check the box to the left of each Division you wish to compete in:

☐ SPECIAL ATHLETE ☐ YOUTH (UP TO 11 YEARS OLD)

☐ TEEN (12 – 19)

☐ JUNIOR (20-23) ☐ JUNIOR LAW / FIRE/ MILITARY

☐ OPEN (ANY AGE) ☐ OPEN LAW/ FIRE/ MILITARY

☐ SUB-MASTER (35-39) ☐ SUB-MASTER LAW /FIRE/ MILITARY

☐ MASTER (40 AND OVER) ☐ MASTER LIFETIME ☐ MASTER LAW / FIRE /MILITARY

Check the box to the left of each appropriate Division listed below.

Virginia State Championship (3-lift meet): Age ____

CHECK ONE: ☐ **RAW** ☐ **ASSISTED**

Check the box to the left of each Division you wish to compete in:

☐ **SPECIAL ATHLETE** ☐ **YOUTH (UP TO 11 YEARS OLD)**

☐ **TEEN (12 – 19)**

☐ **JUNIOR (20-23)** ☐ **JUNIOR LAW / FIRE/ MILITARY**

☐ **OPEN (ANY AGE)** ☐ **OPEN LAW/ FIRE/ MILITARY**

☐ **SUB-MASTER (35-39)** ☐ **SUB-MASTER LAW /FIRE/ MILITARY**

☐ **MASTER (40 AND OVER)** ☐ **MASTER LIFETIME** ☐ **MASTER LAW / FIRE /MILITARY**

**WE WILL NOT ACCEPT APPLICATIONS AFTER May 25, 2009
NO REFUNDS ALLOWED**

ENTRY FEE: (Includes One Division)

\$60= _____

CROSSOVER FEES: NUMBER OF CROSSOVERS

\$35 = _____

TOTAL AMOUNT ENCLOSED: (NO REFUNDS)

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
VIRGINIA POWERLIFTING ASSOCIATION, INC.
6108 PINE SLASH RD.
MECHANICSVILLE, VIRGINIA 23116, USA**

Release, Waiver of Liability, Assumption of Risk, Indemnity, and parental Consent Agreement ("agreement")

In consideration of being permitted to participate in an Amateur Athletic Union of the U.S. Inc. activity ("activity") I, my personal representatives, assigned heirs and next to kin:

1. **ACKNOWLEDGE**, agree, and represent that I understand the nature of the activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe; I will immediately discontinue further participation in the activity.

2. **FULLY UNDERSTAND** that: (a) **ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks")**; (b) these Risks and dangers may be caused by my own actions or the actions of others participating in the activity, the condition in which the activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW**; there may be **OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time: and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation or that of the minor in the activity.

3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the Amateur Athletic Union of the U.S. Inc. (AAU), including its parent company, related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assigns of each, and the AAU's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, and any other party indemnified and held harmless by the AAU, (each considered one of the **"RELEASEES"** herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE** that if, despite this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I**, or anyone on my behalf, makes a claim against any of the Release's, **I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation expense, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOT WITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed name of participant: _____ Phone: _____

Participant's signature (only if age 18 or over): _____ Date: _____

Minor's RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE. I THE MINOR OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAME ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed name of parent or Guardian: _____ Phone: _____

Address: _____
Street City State Zip Code

Parent/guardian signature (only if participant is under the age of 18): _____ Date: _____

**Seventh Annual 2009 AAU Triple Crown Classic
2009 AAU East Coast Bench Press Classic
2009 AAU Virginia State Championship**

Sunday, May 31, 2009

Lee Davis High School, Mechanicsville, VA



INFORMATION SHEET

LIMITED TO 120 LIFTERS

QUESTIONS, CONTACT:

VIRGINIA POWERLIFTING ASSOCIATION, INC.

Judy Wood after 7:00 p.m. 804-559-4624 – vapowerlifting@aol.com

Jill Meads after 7:00 p.m. 804-730-8810

ENTRY DEADLINE

May 25, 2009 – **LATE APPLICATIONS WILL NOT BE ACCEPTED!** Please do not send your application by certified mail.

WEIGHT CLASS:

Women – 97, 105, 114, 123, 132, 148, 165, 181, 198, 220, 220+

Men - 97, 105, 114, 123, 132, 148, 165, 181, 198, 220, 242, 275, 308, 308+

DIVISIONS

Teen /Juniors/Open (All Ages) /Sub-Masters /Masters //Law, Fire& Military /Lifetime / Special Athlete

LIFTING ATTIRE:

One-piece lift suit (wrestling singlet) is mandatory for all lifters. For more information go to www.ausports.org – click handbook, then costume.

CONTEST:

This is a one day event only. All athletes will lift on Sunday, May 31st

This is a full power, & single lift bench meet. Raw or Assisted – AAU rules apply

Meet may run in sessions or flights (to be determined week prior to meet)

MANDATORY EQUIPMENT CHECK AT WEIGH-IN'S

Kilogram plates will be used on the competition platform.

DO NOT CALL AND ASK WHO IS IN YOUR WEIGHT CLASS. There will be a lifter's program posted after weigh-in at the meet.

REGISTRATION/WEIGH-IN:

Saturday, May 30th from 5:30-7:00 p.m. and Sunday, May 31st from 6:00-7:30 a.m.

RULES BRIEFING:

8:00 a.m. prior to start of competition. **ALL LIFTERS MUST ATTEND THE RULES BRIEFING**

LIFTING STARTS:

9:00 a.m. on Sunday morning

SPECTATOR'S FEE:

\$5.00 per person, children 12 and under free

AWARDS:

Awards will be awarded for 1st-5th place in all divisions, weight classes
Awards will be awarded for 1st-3rd place teams.

RECORDS:

Breaking / setting records will require proof of age at the end of the meet. American records only may be broken at this meet.

ENTRY FEE:

\$60.00 for registration and \$35.00 for each additional crossover.
NO entries will be accepted at May 25th.

ELIGIBILITY:

All contestants must be current AAU members. Cards have to be purchased online at www.aausports.org
Annual membership expires August 31st of each year. \$32.00 (adults), \$12.00 (ages 19 & under). Any coach that will be in the lifting area or on the platform with their athlete must have a coach's pass also (\$12.00) and must be purchased on-line prior to arriving at the meet.

RULES:

All AAU rules apply. See www.aausports.org –click on handbook for lifters.
NEW RULES AS OF 1/1/2009:

1. No thumbless grip allowed on bench press
2. Lifetime division will only be allowed for masters division
3. World records may only be set at a world event. American records may be set at all meets.

DRUG TESTING:

Athletes must sign a drug waiver form at the time of weigh-in. Failure to do so will disqualify you from the competition. Leaving prior to the announcement of drug testing participants will disqualify you from the competition and you will forfeit all records that were obtained during competition.

LOCATION:

Lee Davis High School
7052 Mechanicsville Turnpike
Mechanicsville, VA 23111

AIRPORTS:


Richmond International

HOTELS: (within 1-2 miles of venue)


Hampton Inn
7433 Bell Creek Road
Mechanicsville, VA 23111

Holiday Inn Express
7441 Bell Creek Road
Mechanicsville, VA 23111


Hampton Inn-or Holiday Inn Mechanicsville: 7433 Bell Creek Rd, Mechanicsville, VA 23111

- 


1: Start out going EAST on BELL CREEK RD toward US-360 W/MECHANICSVILLE TURNPIKE.

0.3 mi
- 

2: Turn LEFT onto US-360 E/MECHANICSVILLE TURNPIKE.

0.7 mi
- 


3: Turn LEFT onto LEE DAVIS RD.

0.0 mi
- 


4: End at 7052 Mechanicsville Tpke Mechanicsville, VA 23111-3629

Estimated Time: 2 minutesEstimated Distance: 1.02 miles


B: Lee Davis High School: 7052 Mechanicsville Tpke, Mechanicsville, VA 23111-3629

- 

1: Start out going WEST on US-360 W/MECHANICSVILLE TURNPIKE toward OLD HICKORY DR.

0.8 mi
- 

2: Turn RIGHT onto BELL CREEK RD.

0.3 mi
- 

3: End at 7441 Bell Creek Road Mechanicsville, VA 23111

Estimated Time: 1 minuteEstimated Distance: 1.01 miles

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WORLD RECORDS

EQUIPMENT CHECK

**NO
SMOKING**

**NO FOOD OR
DRINKS BEYOND
THIS POINT !**

**NEXT LIFTER AND
COACH ONLY
IN THIS AREA**

STATE RECORDS

**BEEPERS AND CELL
PHONES:
PLEASE TURN OFF
OR PLACE ON
VIBRATE**

JURY

ANNOUNCER'S TABLE

**NEXT
ATTEMPT**

AMERICAN RECORDS

DRUG WAIVER SIGN-IN

AAU CARD REGISTRATION

LIFTER'S CHECK-IN HERE

TICKETS
\$7.00 ONE DAY
\$12.00 WEEKEND

**STAFF
ONLY**

**RESTRICTED
AREA**

WARM-UP ROOM

RACK HEIGHTS & INITIAL ATTEMPTS

WOMEN'S DRESSING

REGISTRATION

MEN'S DRESSING

AAU CARDS