

4th ANNUAL
NIFS
POWERLIFTING
COMPETITION

Saturday Nov. 11, 2017
Competition begins at 9:00a
Weigh-in 7-8a; Mandatory rules meeting 8-8:45a

Mail Entry to: NIFS c/o Tony Maloney
250 University Blvd
Indianapolis, IN 46202

Early Bird Entry Fee: \$35—Sept. 25—Oct. 8

Entry Fee: Oct. 9—Nov. 6—\$45

Student Rate: \$35

COMPETITION LOCATION:

National Institute for Fitness and Sport
250 University Blvd., Indianapolis, IN 46202

*Downtown in White River State Park,
on the campus of IUPUI just south of the Natatorium*

317.274.3432 • nifs.org

Here are a few things to remember:

- 1. This is a non-sanctioned event.**
- 2. The competition will follow all the rules and regulations of USA Powerlifting.**
- 3. Spaces are limited to 70 Athletes.**
- 4. Three lifts will comprise a total to determine class winner.**
- 5. Early Bird registration pricing ends Oct. 8, 2017**

For questions or to register, call Tony Maloney at **317.274.3432 ext. 260** or email tmaloney@nifs.org

Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Daytime Phone: _____ **E-mail Address:** _____

(Please circle response)

Unisex T-shirt Size: S M L XL 2XL 3XL **Age:** _____ **Current Weight:** _____

Approximate Openers: Squat _____ lbs. Bench _____ lbs. Deadlift _____ lbs.

Payment: **Total enclosed** _____ **Check #** _____

Please make checks/money orders payable to NIFS. If using a credit card, please complete this information:

Visa Mastercard Discover American Express **Exp. Date** _____

Account Number _____ **Name on Card** _____

I hereby give my word of honor as an athlete that I have not used any strength inducing drugs (i.e. any anabolic steroid, natural hormone or synthetic growth hormone) as part of my training during the past thirty-six months, nor have I used prescription diuretics or psychomotor stimulants during the seven days prior to this meet. Further, I assume the risk of my participation in this sport and in this competition, which is potentially dangerous. Serious and minor injuries can and do occur. I further recognize that my participation in this competition is voluntary and requires that I assume the risk of this potentially dangerous sport and, therefore, I assume the risk of potential injury. I understand that while emergency medical personnel may be present for the Activity, I will be responsible for determining my medical treatment and transport and for payment of any medical expenses I may incur.

Signature _____

Print Your Name _____

Date _____



