MHSPLA Regional Qualifier

Hosted By: Millington High School

DATE: Saturday, January 27, 2024 **PLACE**: 8780 Dean Drive Millington, MI 48746



REGISTRATION DEADLINE: Highlighted (green) counties will pre-register on Tuesday, January 23, 2024 from 4 – 7 pm. If there are spots available after Tuesday evening, an email will be sent out for others to pre-register on Wednesday, January 24, 2024 from 4 – 7 pm (schools in the white counties on the map).

ENTRY FEE: \$20.00 CASH or MONEY ORDER (NO personal checks will be accepted) Lifters MUST PAY entry fee at the weigh-in site. <u>NO LATE REGISTRATION OR</u> <u>WALK-INS ALLOWED</u>

MEET DIRECTOR: Lenny Dantinne, 989-331-1186 <u>EMAIL</u>: Lenny.dantinne@mcsdistrict.net

AWARDS: Medals First through Third. Men's Varsity Division (9th-thru 12th grade) and JV Division (7th thru 10th grade) and Women's Varsity Division (9th thru 12th grade) and JV Division (7th thru 10th grade)

PLEASE NOTE:

HOME WEIGH-INS. Coaches/AD's will weigh their athletes at home for a projected weight class. This projection will be sent to the regional sites in a spreadsheet with the Lifter Name, School, Division, Weight Class and Openers by the deadline stated on the registration form. Email the spreadsheet listing all participating members to **Lenny Dantinne** at **Lenny.dantinne@mcsdistrict.net** using the attached spreadsheet. No other format will be accepted. Email must be received no later than 7:00 PM on the designated/appropriate pre-registration date **or whenever 250 lifters have been reached**.

When the athlete registers at the meet, he/she will be weighed in, wearing a tshirt and shorts. No shoes, jackets, sweatshirts, etc. will be allowed. This weight will be documented and used for the competition. There will be check scales available and ONE attempt on the official scale only. Your exact weight will determine your weight class. NO EXCEPTIONS

ALL LIFTERS MUST BE REGISTERED AND WEIGHED IN <u>45</u> <u>MINUTES</u> PRIOR TO THE SCHEDULED START OF LIFTING. PLEASE PLAN ACCORDINGLY. All lifters must show school student ID the day of registration. Every lifter must be affiliated with a school.

TEAM AWARDS: Top 2 teams in each division. JV Women, Varsity Women, JV Men, Varsity Men

Doors open at 7:00 am

WOMEN DIVISIONS
CHECK-IN BEGINS: 7:15 am
CHECK-IN ENDS: 8:15 am
COACHES MEETING: 8:15 am
LIFTER MEETING: 8:30 am
WARM-UP: 8:15-8:45 am
LIFTING BEGINS: 9:00 am

MEN DIVISIONS CHECK-IN BEGINS: 11:15 pm CHECK-IN ENDS: 12:15 pm COACHES MEETING: 12:15 pm LIFTER MEETING: 12:30 pm WARM-UP: 12:15-12:30 pm LIFTING BEGINS: 1:00 pm

ELIGIBILITY: Open to all 7th-12th grade lifters. Students MUST be enrolled in the school that they are lifting. All students MUST be eligible to compete according to their school's eligibility standards. ALL LIFTERS MUST BE DRUG FREE FOR A MINIMUM OF 36 MONTHS. All lifters must qualify at a MHSPLA qualifying meet in order to compete at the State Finals.

RULES: MHSPLA rule will govern this meet.

WEIGHT CLASSES:

MEN: 114, 123, 132, 145, 155, 165, 181, 194, 207, 220, 242, 275, SHW WOMEN: 105, 114, 123, 132, 140, 148, 155, 165, 181, 198, 220, 242, 242+

EQUIPMENT:

This will be a RAW Meet. Shorts and Short Sleeve T-shirt. Must have footwear on. No singlet or squat shorts allowed. No tights Max 4-inch belt (required for squat and deadlift). No padding in back or any type of Velcro straps allowed. Compression shirts/shorts are acceptable. Long socks REQUIRED for dead lift.

ADMISSIONS: \$5.00 individual (11-59 yrs) \$ FREE for 10 yrs and under, military, 60+

Millington High School

Regional Qualifier - Entry Form

\$20.00 per lifter registration

Grade	Weight Class	Sex			
Name		High Scho	ol		
Home Address					
<u>Openers</u> Squat	Bench	Dead Lift			
Check Division Ente JV	ered: Varsity		JV	Varsity	
Women	2	_	Men	Men	
myself, but also my connected with com specifically release I	heirs, my executors, an petition from any and a	d my administrators. In sa ll liability, which may aris gton Community Schools	igning this release from this competit	tend to be legally responsib om liability, I waive and rel ion. In addition to the foregors, meet assistants and anyo	ease everyone going, I

Participant's Signature			
Parent Signature			
Parent Name Printed			

Payment must be in **CASH** or **MONEY ORDER** ONLY. (No personal checks will be accepted.) Please make money orders out to **Millington Community Schools** <u>ONLY</u>.

RELEASE FROM LIABILITY AND CONSENT TO DRUG TEST

In consideration of the acceptance of my entry in the Power lifting competition I intend to be legally bound, for not only myself but also for my heirs, my executors, and my administrators. By signing this release from liability, I waive and release everyone connected with competition from any and all liability, including any results of negligence which may arise from this competition. Moreover, I agree that any testing method which the meet director and the sponsors of this meet use to detect the presence of strength-inducing drugs SHALL BE CONCLUSIVE. That is, whether I think results of the tests are right or wrong I agree that I have no right to challenge the results of the drug tests. I further agree to submit to any physical tests which may be necessary to complete drug testing. Should I fail to pass the drug test I agree to forfeit any trophy or award which I otherwise have won. I understand and agree that if I fail to pass the drug tests, my name will appear on a published list of suspended members. If determined that I have failed the drug test, I agree to waive any claim for which legal relief is available. I agree to pay any attorney fee and litigation expenses incurred by any person, real or corporate, whom I may sue in an effort to challenge this Release form. I understand that my agreement to pay attorney fees and litigation expenses is the Sine Qua Non for the acceptance of my entry in this contest. If any provision of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, the remainder of this Release from Liability shall remain in full force and effect. I also certify with my signature that this release/agreement cannot be modified orally.

SIGNATURE	IN FULL	OF APPL	ICANT
DIGITITUIL	IN I OLL	OI MILL	

DATE:____

SIGNATURE IN FUI	L OF PARENT OR
GUARDIAN	

DATE:____

COACHES RELEASE FROM LIABILITY

This form is for all coaches that are listed when the rosters are sent in to the host schools they may enter the designated lifting area. All coaches that are listed must sign this release from liability. All lifters need only to sign the entry form. This form <u>does not</u> provide free entry to any and all events

NAME:			
ADDRESS:			
CITY:	STATE	ZIP	
PHONE:			
In consideration of my presence at or particip executors, and administrators, waive and rele Director, their agents, representatives, commi- from injuries or losses suffered by me directly Regional Meet.	ase Millington HS, ittees, and member	Millington Community Scho s from any and all claims or R	ols, the Meet Rights to damage

SIGNATURE IN FULL OF
APPLICANT_____DATE:_____ SIGNATURE IN FULL OF

In consideration of the acceptance of my presence at or participation in this Power Lifting competition I intend to be legally bound, for not only myself but also for my heirs, my executors, and my administrators. In signing this release from liability, I waive and release everyone connected with competition from any and all liability including any results of negligence, which may arise from this competition.

SIGNATURE IN FULL OF APPLICANT_____DATE:_____.