

Charleston, Illinois Spring Open WL Championships

Location

First Christian Church - 411 Jackson St. (4th and Jackson) Charleston, Ill. (Come in on Rt. 16. Take 4th St. north about 8 blocks. If you come in off I - 57, take Rt. 16 and turn left at 4th. (There is a pizza place on your right and the university also on your right.)

Sanction

USA Weightlifting – Central Local Weightlifting Committee
Sanction # 21-10-05

Rules

All competitors must be current USAW members. Memberships available at meet. Current USAW and IWF rules apply.

Send Entries To

Marty Schnorf, P.O. Box 183, Charleston, IL 61920

Phone: 217-258-6588

E-Mail: charlestonweightliftingclub@yahoo.com

PLEASE NOTE - UPDATES AND INFO WILL BE POSTED ON OUR WEBSITE

charlestonweightliftingclub.com

Awards

Trophies for 1st to 3rd place in all divisions and classes.

Weight Classes (Kilos)

13- under boys (born 1997 or later) 35, 39, 44, 50, 56, 62, 69, 69+

13-under girls (born 1997 or later) 35, 39, 44, 48, 53, 58, 58+

14-17 boys (born 1996, 95) 44, 50, 56, 62, 69, 77, 85, 85+

14-17 girls (born 1996, 95) 44, 48, 53, 58, 63, 69, 69+

18-20 (born 1992, 1991, 1990) & senior men (born 1989 or earlier) 56, 62, 69, 77, 85, 94, 105, 105+

18-20 (born 1992, 1991, 1990) & senior women (born 1989 or earlier) 48, 53, 58, 63, 69, 75, 75+

Sessions

	WEIGH	LIFT	CLASSES
Session 1:	8:30 a.m. - 9:30 a.m.	10:30	13 & under boys (born 1997 or later)
Session 2:	10:00 a.m. -11:00 a.m.	Noon	All females
Session 3:	11:30 a.m. - 12:30 p.m.	1:30 p.m.	Males 14 & over (born 1996 or before)

NOTE: THIS SCHEDULE IS TENTATIVE. WATCH OUR WEBSITE AT CHARLESTONWEIGHTLIFTINGCLUB.COM FOR UPDATES AND CHANGES DEPENDING ON # OF LIFTERS.

Entry Fee

Individual -- \$20 (If 8 or more entries are submitted together, \$17 each.) Trophies will be awarded to all lifters. NO ENTRY DEADLINE. BUT... PLEASE LET US KNOW YOU ARE COMING SO THAT WE CAN HAVE SUFFICIENT TROPHIES ON HAND.

Please make Checks payable to CHARLESTON WL CLUB.

CHARLESTON OPEN SPRING WL CHAMPIONSHIPS

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Name _____ Weight Cat. _____ USAW # _____

Address _____
City State Zip

Phone _____ Age _____ Date of Birth _____ Club _____

Division (circle) Schoolage, Junior, Senior, Masters Male or Female (circle)

In consideration of accepting this registration and entry, I understand the risk of injury in participating in this competition and waive and release any and all rights and claims I may have against Charleston WL Club, Charleston Parks and Rec. Dept and the City of Charleston, The First CHristian Church of Charleston, IL., USAW, Central Local Weightlifting Committee, or any of the administrators of this competition for any and all injuries I may suffer in connection with my competition in this meet.

Athlete's Signature Parent or Guardian Signature (If under 18) Date

Please enter me in the 2010 Charleston, IL. Spring Open. I certify that I am an amateur in good standing. In consideration of my entry in the competition, I do hereby waive, and release USA Weightlifting, Charleston, IL Parks and Rec. Dept, The First Christian Church of Charleston, IL, respective directors, officers, officials, agents, employees, assigns, partners, representatives and competition personnel, hereinafter known as the "Organizers," from any and all causes of action, loss, liability, claims and demands of every kind and nature, which I or my heirs or personal representatives may have for bodily injury, for expenses of medical treatment, hospitalization, and other care rendered to me in the event of my injury or illness, or for any and all other costs, damages or losses suffered or incurred by me or occasioned to me in connection with my travel to and from, and my participation in, the competition and related activities.

I (and my parent or guardian, if I am a minor), agree that the Organizers and their agents, including competition personnel, may make judgments (with appropriate input from available medical personnel), as to my treatment, hospitalization or other medical care in the event of my illness or accidental injury in connection with my participation in the competition, should I be disabled or incompetent to make necessary and appropriate decisions concerning such treatment, hospitalization or other care. I authorize the Organizers, their agents and competition personnel to make such decisions for me as though they stood in a relationship to me of parent, guardian or next of kin should circumstances require the Organizers, their agents and competition personnel to make such judgments, and my next of kin cannot be timely and conveniently contacted to participate in the making of such judgments.

I hereby release and agree to hold the Organizers, their agents and competition personnel harmless from all expenses, causes of action, liability, claims and demands arising from good faith judgments made by the Organizers, their agents and competition personnel concerning my treatment, hospitalization and medical care in the event of my illness, injury or other emergency circumstances in connection with the competition.

I understand the above requirements and releases:

(athlete signature) *(date)*

ATHLETES UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SECTION COMPLETED BY A PARENT OR GUARDIAN.

I have explained to my son/daughter the aforementioned releases and conditions and their ramifications and I further consent to his/her registration for this USA Weightlifting activity under the above stipulated conditions.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PRINTED PARENT/GUARDIAN NAME _____