

ALL LIFTERS MUST SECURE SIGNATURE OF PARENT/GUARDIAN – FORM MUST BE COMPLETED USING AN INK PEN

LHSPLA HEALTH INSURANCE INFORMATION FORM

This form shall be turned into the meet director before participation in an LHSPLA sanctioned meet will be allowed. Schools with group policies may submit a letter with their group policy information with a certified list of covered students. **The meet director has discretion to permit participation to accommodate unique circumstances regarding policy information.**

I have read and understand the above information as it pertains to _____

Lifter's Name

participation in LHSPLA sanctioned meets for the 2011 Powerlifting Season. Sex: Male _____ Female _____

Address: _____ City: _____, La.

Date of Birth: _____ Currently attends the _____ grade at _____ High School

Is covered by (check one):

Regular/Indemnity _____ PPO _____ HMO _____ Point of Service _____ Medicaid _____
(Medicaid number must be listed on this form if that is the Insurance Provider of choice by the meet participant, form will be null and void without a correctly listed Medicaid Number)

Name of Insurance Company: _____

Name of Policyholder: _____

Policy Number: _____

Group Name or Number: _____

2011 LHSPLA MEET WAIVER

The undersigned, with full knowledge of the hazards and inherent risks of physical and mental injury involved in powerlifting competitions hereby release(s) all rights (known or unknown), claims, and interests for *any* injuries and/or damages against the LHSPLA, host schools, meet directors, judges, spotters, and loaders as a result of the named lifter participating in an LHSPLA sanctioned meet during the 2011 powerlifting season.

This waiver also releases the LHSPLA from any claims of liability (known or unknown) related to the results of a sanctioned LHSPLA meet being published on its website. A student may be identified by first name and/or first initial of the last name and the name of their school.

_____ Post my results on the LHSPLA web site. _____ Do not post my results on the LHSPLA web site.

I have read and understand all of the information listed above.

Lifter's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Coach's Signature: _____ Date: _____

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