

RYCHLAKPOWERSYSTEMS.COM

Presents

2010 IPF Connecticut BATTLE OF CHAMPIONS State Powerlifting Championships

GENERAL INFORMATION

DATE: Saturday, July 24, 2010
Lifting Begins at 10:00 am

LOCATION: **Europa Battle of Champions
Sports & Supplement Expo**
Connecticut Convention Center
100 Columbus Boulevard, Hartford, CT 06103



DIRECTOR: Gene Rychlak Jr.
bench_a_grand@yahoo.com
610-948-7823 • (c) 484-363-3983

ENTRY FEES: PER DIVISION PER LIFTER IS \$75.00
Crossover - \$45 per Division.

50 LIFTER LIMIT • Not Limited to State Residency
ENTRY DEADLINE - FRIDAY, July 9th, 2010

EXPO HOTEL

Marriott Hartford Downtown, connected to the Convention Center

LIFTING BEGINS AT 10:00 A.M.

ALL LIFTERS MUST BE REGISTERED & REPORT FOR RULES CLINIC BY 9A.M.

WEIGH INS (24-Hour Weigh In rule applies, contact meet director for Friday AM Appointment & Locale):

AM Friday, July 23	10 A.M - 11 A.M.	By Appointment At Marriott
PM Friday, July 23	5 P.M. - 7 P.M.	At Expo Center
Saturday, July 24	7:30 A.M. - 8:45 A.M.	At Expo Center

WEIGHT CLASSES: **MEN:** 114, 123, 132, 148, 165, 181, 198, 220, 242, 275, 308, SHW
WOMEN: 97, 105, 114, 123, 132, 148, 165, 181, 198, SHW

DIVISIONS:

- Professional - Raw Professional
- Amateur - Raw Amateur

SUB-DIVISIONS:

-Open -Sub Master (age 33-39) -Elite AM
-Teen (13-19) -Junior (20-23) -Police
 -Master (all age divisions)

RULES: **ALL LIFTERS MUST BE PRESENT FOR RULES CLINIC THE MORNING THEY LIFT. FAILURE TO BE PRESENT FOR THE PRESENTATION OF RULES MAY RESULT IN FORFEIT OF ENTRY.** International Powerlifting Association (IPA) rules apply. Equipment must meet IPA specifications. One-piece lifting suit must be worn. *For rules and regulations, please visit the IPA website at www.IPAPOWER.com*

DEADLINE: Entry deadline is July 9th, entries must be received by this date. **50 LIFTER LIMIT.** Late entries will be accepted on a case-by-case basis. Lifters who miss the entry deadline **MUST CONTACT THE MEET DIRECTOR** to have their name placed on meet roster for athlete admittance to the expo. **Non-registered lifters may be refused athlete credentials. A late fee of \$25.00 will be charged.**

IPA REGISTRATION: IPA cards will be available at the meet for \$30, and \$25 for high school athletes (A 1-day high school membership can be purchased for \$10, this can be applied to a full year membership, if the student wishes to compete within the next year. **NOTE: RECORDS CANNOT BE MADE WITH \$10 MEMBERSHIP).** *Cash or money order only will be accepted for IPA membership registrations not included with the entry fees.*

AWARDS: Custom awards will be distributed to the **top three places in each weight class and every sub-division (to include full age divisions)**

Best Lifters: Awarded per event and division based on entries.

Go To: www.RychlakPowerSystems.com

for any updates on this meet.

(i.e., Roster, Scheduling, Important Information)

2010 IPA Connecticut BATTLE OF CHAMPIONS

IMPORTANT: DO NOT SEND ENTRIES CERTIFIED MAIL!

Priority or Express Mail WITHOUT SIGNATURE REQUIRED will be accepted.

Check at least one in each box:

Entry fee for each division per lifter is \$75. Additional divisions - \$45 per division.

<input type="checkbox"/> FULL POWER	<input type="checkbox"/> DEADLIFT ONLY	<input type="checkbox"/> Am (drug test)	<input type="checkbox"/> Pro (non-drug tested)
<input type="checkbox"/> IRONMAN (push/pull)	<input type="checkbox"/> BENCH ONLY	<input type="checkbox"/> Raw Am	<input type="checkbox"/> Pro Raw

IPA Membership

Expiration Date _____

Weight Class: _____

Sex: M or F

Check here if IPA Membership Payment is included

Subdivisions:

Open

Teenage (age: _____)

Junior (20-23)

Elite AM*

Must Check

at least one

Sub-master (33-39)

Master (age: _____)

Police

**(Please Include
Mandatory Test
Fee -* \$85)**

OTHER FEES Paid at the Door:

Spectator Fees: \$10

Coaches Fees: \$10

Two coaches per lifter.

Name: _____ Age: _____ Birth Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____

*E-mail Address: _____

*Please fill in legibly, will be used for important information about meet,
do not provide if it is not an acceptable means of communication.

Phone: _____ T-Shirt Size: M L XL 2XL 3XL 4XL Total Number of Division entered: _____

(T-Shirts are not guaranteed, lifter and/or sponsorship participation will determine availability)

PAYMENT CHOICE:

Check

Money Order

Amount Enclosed \$ _____

PLEASE DO NOT EMAIL ENTRIES. Payment must accompany form and be received by July 9, 2010!

Please make checks payable to: Gene Rychlak Jr., 143 2nd Ave. Royersford, PA 19468.

RELEASE FROM LIABILITY

On behalf of myself, my heirs, executors, administrators, and assigns, I hereby irrevocably waive, release and fully discharge the International Powerlifting Association (IPA), Gene Rychlak Jr., Vision Star Entertainment Co., their respective officers, directors, employees, agents, and shareholders, of and from any and all rights, claims, demands, lawsuits, and causes of action due to or arising from any accident, injury, damage or loss directly, indirectly or in any way associated with my participation in powerlifting competition sponsored by Gene Rychlak Jr. I also relinquish any rights to imagery taken of myself during said event for the promotional use by the promoter and federation.

I represent that I know of no medical reason or condition that would impair my ability to participate in this event, and I hereby assume any and all risk of accidental, medical injury or consequential damages resulting from my participation. I acknowledge, understand and accept the inherent risks of powerlifting.

I fully understand that when I enter the Am (drug tested) divisions. I may be selected to take a urinalysis test. If this test is found to be positive for anabolic steroids I (the signed applicant) will pay for the cost of this test. If the test is found to be negative, the test will be paid for by the IPA. By signing the release from liability, I irrevocably waive all rights, claims, demands, lawsuits and causes of action against everyone connected with this contest with regard to the result of any drug test. **I have read the above release, understand its meaning and consequences, and intend to be legally bound by its terms and have signed this release freely and voluntarily.**

Signature (in full) of applicant

Date

Signature (in full) of parent or guardian if applicant
is under 21 years of age

Date