

# The 2017 APF Texas Firefighter Powerlifting Meet

## July 16, 2017



- MEET DIRECTOR:** J.C. Roy  
830-613-8040
- STATE CHAIR:** Liz and Randy Nesuda  
214.517.9119, [LNesuda@hotmail.com](mailto:LNesuda@hotmail.com)  
[apftexas@yahoo.com](mailto:apftexas@yahoo.com); [apftexas.wordpress.com](http://apftexas.wordpress.com).
- SANCTIONED BY:** APF/WPC – [www.worldpowerliftingcongress.com](http://www.worldpowerliftingcongress.com)
- EVENT LOCATION:** **San Angelo State University**  
1919 Knickerbocker San Angelo, TX 76904
- ELIGIBILITY:** Lifters must be an APF registered athlete by the time of the meet. You can renew or get your new membership at weigh-ins or at [www.worldpowerliftingcongress.com](http://www.worldpowerliftingcongress.com). Memberships are \$15-20 for high school students, \$30-40 for everyone else.
- WEIGH-IN:** Saturday, July 15, 2017: 11:00 a.m. – 1:00 p.m. and 4:00 p.m. – 6:00 p.m.  
**Courtyard by Marriott 2572 Southwest Blvd San Angelo, TX 76901**
- Sunday, July 16, 2017: 9:00 a.m. – 10:00 a.m.  
Check-in at the score table **San Angelo State University 1919 Knickerbocker**
- EVENT:** **MANDATORY RULES BRIEFING: Sunday, July 16, 2017, at 10:00 a.m.**
- Lifting starts Sunday, July 16, 2017, at 11:00 a.m.**
- UNIFORM:** One piece lifting suit or wrestling suit is MANDATORY.
- ENTRY FEE:** Entry fee is \$55 for full meet or bench only, and \$75 for full meet AND bench only, if received on or prior to the **DEADLINE, May 31, 2017**. If received after May 31, 2017, there's an addition \$25 late fee. Walk-ups are welcome. **Cash, certified check, check or money order**. Certified checks, checks, and money orders are to be made out to **J.C. Roy**.
- Mail entry forms and fees to: J.C. Roy  
P.O. Box 1505  
Johnson City, TX 78636
- ENTRY FORM:** On next page

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**Please Print Legibly**

Full name: \_\_\_\_\_ Sex (circle one): Male Female  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ e-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
 Current APF card (circle one): No Yes If so, card number is \_\_\_\_\_  
 Fire Department: \_\_\_\_\_

**Shirt Size : SM MD LG XL XXL XXXL (CIRCLE ONE) \$15.00 extra**

**Event Entered** (circle all that apply): Full Meet Bench Only

**Raw/Equipped** (circle one): Raw Equipped

**Raw/Classic:** Full Meet Only

**Division Entered** (circle all that apply): Open  
 Teen: 13-15 16-17 18-19  
 Junior: 20-23  
 Submaster: 33-39  
 Master: 40-44 45-49 50-54 55-59 60-64 65-69 70-74  
 75-79 80+

**Weight Class** (circle one): Women: 97 105 114 123 132 148 165 181 198 198+  
 Men: 114 123 132 148 165 181 198 220 242 275 308 308+

**Fees & Payment:** Entry fee \$55 (one division) or \$75 (two divisions) \_\_\_\_\_

**If ordering a shirt:** \$15 per shirt \_\_\_\_\_

CASH, CHECK, CERTIFIED CHECKS OR MONEY ORDERS If after **May 31, 2017**, add late fee \$25: \_\_\_\_\_

**Make checks or money orders out to:** **J.C. Roy** **TOTAL DUE:** \_\_\_\_\_

**ATHLETIC RELEASE:** On behalf of myself, my heirs, executors, administrators and assigns, I hereby waive, release and fully discharge any and all officials, sponsors, participants or organizations connected to the Texas APF, the APF/AAPF, Randy Nesuda, Liz Nesuda, The 2017 APF/AAPF Texas Firefighter Powerlifting Meet, LaTorretta Resort and Spa, and/or any affiliates of, their respective officials, 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 The 2017 APF/AAPF Texas Firefighter Powerlifting Meet, July 17, 2017. I, also, 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 risk of powerlifting. I have read the above release, understand its meaning and consequence, and agree to be legally bound by its terms. I have signed this release freely and voluntarily.

\_\_\_\_\_  
 Print Lifter's Full Name Lifter's signature  
 (Parent must sign if Lifter is under 18 years of age)

**Return Entry Form to:** **J.C. Roy**  
**P.O. Box 1505**  
**Johnson City, TX 78636**