



**IMCOM EUROPE
INVITATIONAL POWERLIFTING CHAMPIONSHIP
MEMORIAL FITNESS CENTER, BLDG. 616
ROSE BARRACKS
7 DECEMBER 2019**



REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

Name (Last, First, Middle)

Rank/Grade

SSN (Last 4)

AGE

UNIT

CMR

BOX

APO

Duty Phone

Cell Phone

Email Address

WEIGHT CLASSES

PRESENT WEIGHT: _____

MEN

Up to 114.5 lbs. (52 kg)

Up to 123.5 lbs. (56 kg)

Up to 132.25 lbs. (60 kg)

Up to 148.5 lbs. (67.5 kg)

Up to 165.25 lbs. (75 kg)

Up to 181.5 lbs. (82.5 kg)

Up to 198.25 lbs. (90 kg)

Up to 220.25 lbs. (100 kg)

Up to 242.5 lbs. (110 kg)

Up to 275.5 lbs. (125 kg)

Up to 275.5+ lbs. (125+ kg)

WOMEN

Up to 97 lbs. (44 kg)

Up to 105.75 lbs. (48 kg)

Up to 114.5 lbs. (52 kg)

Up to 123.5 lbs. (56 kg)

Up to 132.25 lbs. (60 kg)

Up to 148.5 lbs. (67.5 kg)

Up to 165.25 lbs. (75 kg)

Up to 181.5 lbs. (82.5 kg)

Up to 198.25 lbs. (90 kg)

Up to 198.25+ lbs. (90+ kg)

In consideration for participating in this program, I the undersign hereby waive and release any and all rights for claims, for damages against U.S Army, Europe, USAG Bavaria F&MWR Sports & Fitness and any other agency associated with the conduct of this program which include all preparation in planning and execution. This waiver includes releasing the above-mentioned agencies, organizations and activities for any injury I might suffer while participating in this event. Additionally, I hereby authorized emergency medical treatment if needed. I affirm that the given age and ability level are correct.

SIGNATURE: _____

DATE: _____