



IMCOM EUROPE
2018 INVITATIONAL POWERLIFTING CHAMPIONSHIP
MEMORIAL FITNESS CENTER, BLDG. 616
ROSE BARRACKS
1 DECEMBER 2018



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: _____