



USA Powerlifting Mississippi Record Application

Name of Contest: _____ Date: _____

Athlete's Name: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

USAPL: _____ Age(on last birthday)* _____ Body Wt: _____ Wt Class: _____

*Birth Certificate or Government Issued Photo ID is required for proof of age when setting: Teenage, Junior, Master and Collegiate Records.

Place the Record Category number(s) (1-5) on the blank(s) under the Number Code which correspond to the type of record(s) set. USE ONE FORM FOR ALL RECORD LIFTS.

Record Category	Key Code	Record(s) Set	FULL MEET <input type="checkbox"/>	SINGLE-LIFT <input type="checkbox"/>	Equipped	Raw
1. Open	_____	Squat _____	Kgs x 2.2046 = _____	_____	.lbs <input type="checkbox"/>	<input type="checkbox"/>
2. Teenage	_____	Bench _____	Kgs x 2.2046 = _____	_____	.lbs <input type="checkbox"/>	<input type="checkbox"/>
3. Junior	_____	Deadlift _____	Kgs x 2.2046 = _____	_____	.lbs <input type="checkbox"/>	<input type="checkbox"/>
4. Master	_____	Total _____	Kgs x 2.2046 = _____	_____	.lbs <input type="checkbox"/>	<input type="checkbox"/>
5. Collegiate*						

*Proof of full time collegiate status 'in good standing' required.

Official Statement: We, the undersigned, have witnessed the accredited performance of the above lift(s) according to the rules of the USAPL. The lifter was weighed-in within two hours of the competition, the lifter and equipment/attire were checked according to said rules, and all have been found to be in order. We are current members in good standing with the USAPL and certified USAPL Referees.

Referee's Signature	State	NAT'L	Squat	Bench	Deadlift	Total
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official Weigher: _____	<input type="checkbox"/>	<input type="checkbox"/>				
Drug Test Officer: _____	(Check one)	Urine <input type="checkbox"/>	Blood <input type="checkbox"/>			
Meet Director: _____						

*If only a Total Record was set, three duly certified referees must have been present at the meet and sign this form.

Athlete's Signature: _____

Meet Director's Name: _____ **Meet Director Phone#:** _____

This form must be accompanied by the following items within 30 days of the meet to be accepted:

- Meet Results Link
- USAPL Meet Sanction Number
- Birth Certificate or Government Issued Photo ID (For Age Records)

THE **COMPLETE** APPLICATION MUST BE SENT TO Jeff Douglas WITHIN **30 DAYS** OF THIS MEET
Jeff Douglas 30 B Hunter Lane Hattiesburg,MS 39402
(601)818-3201 | (318)251-9899 fax