



# S.A. DRUG FREE POWERLIFTING ASSOCIATION INC

## 2024 OFFICIAL COMPETITION ENTRY FORM

### 2024 COMPETITION

**'Come and Try' Powerlifting  
Competition  
Saturday, February 17th, 2024**

Fox's Gym  
345 Torrens Road  
West Croyden SA

**Please indicate which disciplines  
you will be entering.  
Entry Forms in by Monday Feb 5th  
Weigh in at 10am  
Competition Starts at 12 noon.**

Squat

Benchpress

Deadlift

## Total Cost - \$25

### PERSONAL DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone No: \_\_\_\_\_

Club: \_\_\_\_\_

Weight Class: \_\_\_\_\_

Age: \_\_\_\_\_

Age Class: \_\_\_\_\_

Raw or Assisted: \_\_\_\_\_

I fully understand that I shall compete under the rules laid down by the SA Drug Free Powerlifting. I also understand that the equipment used in the Competition is governed by the rules of SA Drug Free Powerlifting, which means that it is of sufficient standard to meet the requirements of normal use.

Whilst the South Australian Drug Free Powerlifting Association Incorporated shall use all care possible in making the sport safe, I am aware that unforeseen incidents may occur, and wish to exempt the South Australian Drug Free Powerlifting Association Incorporated from any possible legal action. I understand that my entry fee only allows me to be weighed in, have my equipment checked, use the warm up facilities provided, to participate in the competition, and to submit to a drug test if required.

In consideration of the entry, I hereby intend to be legally bound by myself, my heirs, executors or administrators, waive any and all rights and claims for damages against the South Australian Drug Free Powerlifting Association, the management, committee members, organisers and or assigns, and the sponsors of this contest, for any injuries suffered by me at the said Powerlifting competi-

Lifter's Signature \_\_\_\_\_ Sign of State Assoc Sec \_\_\_\_\_

Parent/Guardian Sign (if U18) \_\_\_\_\_ Today's Date \_\_\_\_\_

Coach's Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Coach's Signature \_\_\_\_\_  
(If no coach write 'No Coach')

Total Entry Fee \$.....

### Paid with (please circle)

- Cash
- Cheque/Postal Order
- EFT Transfer

Please send completed Competition Entry Form and Entry Fees to:

**SADFPA Treasurer  
PO Box 2072  
Berri. SA. 5343**

**Email: srapson4@bigpond.com**  
Cheques to be made payable to 'SADFPA Inc'.  
BSB: 805-050 Account Number: 61303262  
If paying by EFT please use your name as a reference.

## **Rules Concerning Disqualification Due To Misconduct**

It is a **condition of entry** that this form be clearly named, signed and attached to the competition entry form

See 'WDFPF Rule Book 4 pg 10. Section 16

### **RULES CONCERNING DISQUALIFICATION DUE TO MISCONDUCT:**

Any lifter or coach, who by reason of misconduct on or near the competition platform which is likely to discredit the sport, shall be officially warned. If the misconduct continues, the Head Referee or Technical Officer may disqualify the lifter and order the coach to leave the venue. The lifter's coach must be officially informed of both warning and disqualification.

SA Drug Free Powerlifting Assoc. Inc. deems 'Misconduct' (at or in the competition venue) to be:

- 1) Bullying.
- 2) Loud, aggressive or intimidating behaviour.
- 3) Foul language (indecent or profane language).
- 4) Failing to treat the referees or any officials with absolute respect.

I .....have read, fully understand and accept this policy

(signed) .....

### **Special Notice**

**Are you and/or your coach a member of, or associated with, any other Powerlifting group or organisation?**

**Yes      No**

**If yes, you will be unable to compete in this competition due to the SA Drug Free Powerlifting Assoc constitution.**

**Name (print) \_\_\_\_\_**

**Signature \_\_\_\_\_**

### **Competition Set Up/Pack Up**

***Your assistance is required with setting up competition equipment (immediately after the weigh in) and packing it away at the conclusion of the competition.***



# S.A. DRUG FREE POWERLIFTING ASSOCIATION INC

## 2024 'Come and Try' MEMBERSHIP APPLICATION

**Saturday February 17th, 2024**

**New Member** (please tick) Yes  No

Surname.....Given Names.....

Male Female Date of Birth.....

### Mailing Address

Street.....Suburb.....P/Code.....

Telephone (Home).....(Work).....(Mobile).....

Email.....

Training Venue.....Name of Coach.....

**Membership cost for the above date only is \$10**

**I hereby agree/disagree with the publication of my photograph via various media (newspaper, television, internet).**

I hereby agree to abide by the constitution and bylaws of the South Australian Drug Free Powerlifting Association Incorporated if accepted as a member.

S.A.D.F.P.A. BY LAW STATES: Any lifter who intentionally competes in any sporting event sanctioned by any person or body which does not adhere to the drug free concept or does not adopt all schedules of the International Olympic Committee Banned substance list or is not recognized by this Association, shall be liable to suspension of Membership to this Association and all rights and benefits which accrue to such Membership

I also agree to the information provided to be used by the South Australian Drug Free Powerlifting Association Incorporated for the purpose of maintaining my membership and is not disclosed to any other persons or party. I may gain access to my information by contacting the Administration Officer.

**Applicant's Signature.....Today's Date...../...../.....**

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**SEND COMPLETED APPLICATION FORM ALONG WITH FEE TO**

**SADFPFA Administration Officer  
PO Box 158  
Barmera SA 5345  
Email [nrcgow@bigpond.net.au](mailto:nrcgow@bigpond.net.au)**

**Total Fee \_\_\_\_\_**

**Paid with (please circle)**

**Cash  
Cheque/Postal Order  
EFT Transfer**

*Cheques to be made payable to:  
South Australian Drug Free Powerlifting Inc.  
BSB: 805-050 Account Number: 61303262*

**If paying by EFT please use your name as a reference.**



# S.A. DRUG FREE POWERLIFTING ASSOCIATION INC

## 2023 MEMBERSHIP APPLICATION FORM

### Special Notice

Are you and/or your coach a member of, or associated with, any other Powerlifting group or organisation?

Yes

No

If yes, your membership will not be considered by SA Drug Free Powerlifting Assoc Inc due to the constitution.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_