



**CAPO- Competition Entry Form- New Zealand**  
**Non member entry**

COMPETITION;	<b>CAPO NZ CASH FOR K-OS</b>		
EVENT VENUE;	Coast Barbell Club	EVENT DATE;	29/09/12
COMPETITOR DETAILS;			
FULL NAME;		DATE OF BIRTH;	
HOME ADDRESS;		AGE;	
		WEIGHT DIVISION;	
Email Address;			
CATEGORY ( circle one)	<b>Teenage male/female Junior male/female Open male/female Master male /female</b>		
	RAW	RAW PLUS (belt/wraps)	EQUIPPED
Please refer to WPC rule book for age/weight categories			

ENTRY FEE <i>Please circle one</i>	Bench Only: \$25.00 3 Lift: \$30.00 Bench+3 Lift:\$50.00	\$
<b>TOTAL PAYMENT DUE</b>		<b>\$</b>

Please forward entry form to;- **COAST BARBELL CLUB**  
**PO Box 308005, Manly, Hibiscus Coast, 0930**

and payment to **Coast Barbell Club: 38 9010 0070046 01 Kiwibank**

NOTE;-

1. Entry Form, Declaration and payment MUST be received by *15<sup>th</sup> September 2012*



## CAPO- Competition Entry Form- New Zealand

### COMPETITION DECLARATION

1. I .....(insert your full Name), whose signature appears on this entry form, in consideration of, and as a condition of acceptance of my entry in this event, hereby waive all and any claim, right or cause of action which I or my heirs might otherwise have arising out of my life, or injury, damage or loss of any description what so ever which I may suffer or sustain in the course of or consequent upon my participation in the said event, including expenses of subsequent medical treatment or hospitalisation.
2. This waiver, release and discharge shall be and operate separately in favour of all persons, companies and bodies involved in promotion or conduct of the event, and the servants, agents, representatives, and officers of any of them, and of any first aid or paramedical personnel summoned in the event of injury to me.
3. You are required to answer all questions with YES OR NO (circle your response), providing full details of any injuries / ailments/ allergies/ medications or any other health related information that you should declare, or may affect / impair participation in any physical activity involved in Powerlifting competitions. If you are unsure please ask for assistance.
  - a. Are you currently taking any type of prescribed drugs, antibiotics or medication? YES / NO  
If yes, give details;- .....
  - b. Have you previously suffered or do you suffer from any of the following – Fainting, dizziness, or blurry vision? YES / NO  
If yes, give details; - .....
  - c. Do you suffer from Epilepsy? YES / NO
  - d. Do you suffer from severe migraines / headaches? YES / NO
  - e. Do you suffer from High or low blood pressure? YES / NO
  - f. Do you suffer from Asthma or breathing disorders? YES / NO  
If yes, give details; - .....
  - g. Do you suffer from Diabetes? YES / NO
  - h. Do you suffer from Depression or anxiety? YES / NO
  - i. Do you need to carry medication on you for any of these ailments? YES / NO  
Please provide the name/s, dosage/last taken of medication;- .....
  - j. Do you suffer from stiff upper body or lower body Joints, muscular or back pain that can be aggravated by movement? YES / NO  
Please provide Details;- .....
  - k. Have you been admitted to hospital in the past 6 months? YES / NO  
Please provide Details;- .....
  - l. Have you had any injuries or surgery recently, or in the past twelve months? YES / NO  
Please provide Details;- .....
  - m. Have any scheduled surgeries or treatments that can impair or reduce your level of participation? YES / NO  
Please provide Details;- .....
  - n. Have you, or do you suffer from any sort of chest pain, palpitations or shortness of breath? YES / NO
  - o. Are you a smoker? YES / NO  
if YES, how many a day;- .....
  - p. Do you have a bone or joint condition that may be aggravated by exercise? YES / NO
  - q. Do you have a medical condition for which your entry in this event presents a risk? YES / NO
  - r. Is this your first time competing in a Powerlifting event? YES / NO

**HEALTH AND MEDICAL DECLARATION**

I have read and answered the above health and medical history and have answered all questions honestly and to the best of my knowledge. I will supply a medical certificate or a Doctors letter if requested as a condition of entry. I have been assessed by a Medical Professional that I am in good health, with no physical limitations, health issues or illnesses that may pose a risk to myself or other competitors involved. By signing below acknowledge that I have read and understood this Declaration. I understand that withholding any relevant information regarding my health, fitness or physical condition may affect my participation in any future CAPO Powerlifting events.

NAME:- ..... SIGNATURE:- .....  
(Print using block letters)

(plus Parent/Guardian if entrant is under 18)

NAME:- ..... SIGNATURE:- .....  
(Print using block letters)

DATE ;- ..... / ..... / .....