

**2009 Cheryl Haworth Classic**  
**GENERAL INFORMATION & PARTICIPATION CONTRACT**  
**Saturday, January 10, 2009**

**VENUE:** Performance Initiatives, Inc. Athletic Complex  
2021 Tennessee Ave.  
Savannah, GA 31404  
Phone: 912.507.7106  
kerrigoodrich@comcast.net

**SANCTIONED BY:** **Sanction# 45-09-01**  
**USA Weightlifting**  
Alabama/Georgia Local Weightlifting Committee  
Current IWF and USA Weightlifting rules will be followed

**SPONSORED BY:** **Coastal Empire Weightlifting, Performance Initiatives, Inc., Aldersgate United Methodist Church**

**MEET DIRECTOR:** Kerri Hanebrink Goodrich  
**Ph.** 912.507.7106  
Email: kerrigoodrich@comcast.net

**ENTRY FEES:** Individual - \$20.00 (NON REFUNDABLE)

**CHECKS PAYABLE TO:** Performance Initiatives, Inc.

**MAIL TO:** **Performance Initiatives, Inc.**  
**2009 Cheryl Haworth Classic**  
P.O. Box 5036  
Savannah, GA 31414  
Telephone: 912.507.7106  
E-Mail: [kerrigoodrich@comcast.net](mailto:kerrigoodrich@comcast.net)  
Fax: 912.352.3229

**ENTRY DEADLINE:** Entry fees must be paid by athlete's weigh-in time. If entries are mailed, they must be post marked by December 30, 2008 or entries must be faxed to meet director by 5pm EST on Friday, January 2, 2009.

**\*\* ABSOLUTELY NO INCOMPLETE ENTRIES WILL BE ACCEPTED. \*\***  
**ENTRY FEE PAYMENT MUST ACCOMPANY THE ENTRY FORM. IF FAXING**  
**YOUR ENTRY, please pay at weigh-in**

**\*Number of participants is limited by discretion of meet director**

**ELIGIBILITY:** All USA Weightlifting registered athletes who have met all of the following criteria:

1. Participant must be a US citizen and may be required to provide proof of citizenship.
2. Proof of current USA Weightlifting membership will be required at weigh in. Organizing Committee and USA Weightlifting reserves the right to refuse entry.
3. Athlete must be a registered member in good standing with USA Weightlifting at the time of registration and at the competition.

**PROOF OF USA WEIGHTLIFTING REGISTRATION AND AGE REQUIRED AT WEIGH IN:** All participants are **REQUIRED** at weigh-in to produce GOVERNMENT DOCUMENT (i.e. birth certificate or driver's license, etc), a PICTURE ID (for those 16 and older) and a current USA WEIGHTLIFTING MEMBERSHIP CARD.

**WEIGH INS:** All weigh-ins will be done at the **Venue**.

**AWARDS:** Medals to top 3 in each class for total only in School-age and Open Divisions. Best lifter award for the top male and female lifter.

**VERIFICATION OF FINAL ENTRIES:** Friday, January 9, 2009 at 6:30 P.M. EST

The Entry Form you submit by the entry deadline is your official entry to the competition. You are permitted to move up to a higher bodyweight category if and only if you, or your agent, submit this request in **writing** to the meet director prior to or during the Verification of Final Entries meeting which will be Friday, January 9th at 6:30PM.

\*\*\* Whatever is declared on the Entry Form will be used to assign athletes to bodyweight categories, unless a change is declared in writing during the Verification of Final Entries meeting.

Anyone who does not attend agrees to accept all decisions made. The final Start List will become available during or right after this meeting and any changes to the lifting schedule will be announced.

**Anyone who does not attend the Technical Conference agrees to accept all decisions made at the Technical Conference.**

**ADMISSION: Friends, families and spectators can attend and support their community and athletes! Only positive encouragement and fun allowed!**

\*\*\*\*\*

**2009 Cheryl Haworth Classic  
TENTATIVE TIME SCHEDULE OF COMPETITION**

Weigh-in and lifting schedule is subject to change. Changes, if needed, will be announced at the TECHNICAL MEETING on Friday, January 9th, 6:30PM EST. This will be a one-platform competition.

**SATURDAY, January 10, 2009**

| SESSION | GENDER         | CATEGORY | of Lifters | WEIGH IN | LIFT     |
|---------|----------------|----------|------------|----------|----------|
| 1       | ALL WOMEN      | ALL      | TBD        | 10:00 AM | 12:00 AM |
|         | ALL MEN 13 & U | ALL      | TBD        |          |          |
| 2       | MEN 14&Over    | ALL      | TBD        | 11:00 AM | 1:00 PM  |

\*school-age, and open divisions

**School-age:**

**Men's:**

- 13&U:** 35kg, 3kg, 44kg, 50kg, 56kg, 62kg, 69kg, 69+kg
- 14-15:** 44kg, 50kg, 56kg, 62kg, 69kg, 77kg, 85kg, 85+
- 16-17:** 56kg, 62kg, 69kg, 77kg, 85kg, 94kg, 105kg, 105+kg

**Women's:**

- 13 & U:** 35kg, 39kg, 44kg, 50kg, 56kg, 62kg, 69kg, 69kg+
- 14-15:** 44kg, 48kg, 53kg, 58kg, 63kg, 69kg, 69kg+
- 16-17:** 48kg, 53kg, 58kg, 63kg, 69kg, 75kg, 75+kg

**Open(ages 18 & up):**

- \***men's:** 56kg, 62kg, 69kg, 77kg, 85kg, 4kg, 105kg, 105+
- \***women's:** 48kg, 53kg, 58kg, 63kg, 69kg, 75kg, 75+kg

**2009 Cheryl Haworth Classic  
OFFICIAL ENTRY FORM**

**RETURN ENTRY TO:** Performance Initiatives, Inc. /in person at facility or mail to:  
P.O. Box 5036  
Savannah, GA 31414  
Fax: 912.352.3229

**ENTRY DEADLINE:** Entry fees must be paid by athlete's weigh-in time. If entries are mailed, they must be post marked by December 30, 2008 or entries must be faxed to meet director by 5pm EST on Friday, January 2, 2009.

**\*\*ABSOLUTELY NO INCOMPLETE ENTRIES WILL BE ACCEPTED.\*\***  
**ENTRY FEE PAYMENT MUST ACCOMPANY THE ENTRY FORM. IF FAXING**  
**YOU'RE ENTRY, please pay at weigh-in**  
**NO REFUNDS.**

**ENTRY FEES:** Individual - \$20.00 (NON REFUNDABLE)

**MAKE CHECK PAYABLE TO:** Performance Initiatives, Inc.

**PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY**

Please enter me in the **2009 Cheryl Haworth Classic** to be held on January 10, 2009 at Performance Initiatives, Inc. Facility at 2021 Tennessee Ave Savannah, GA 31404. I certify that I am a member in good standing with the USAW. In consideration of my entry in the competition, I do hereby waive, and release USA Weightlifting, GA/Alabama Local Weightlifting Committee, Performance Initiatives, Inc., Coastal Empire Weightlifting, Aldersgate United Methodist Church, Cross Fit of Savannah and their respective directors, officers, officials, agents and competition personnel, hereinafter known as the "Organizers," from any and all causes of action, loss, liability, claims and demands of every kind and nature, which I or my heirs or personal representatives may have for bodily injury, for expenses of medical treatment, hospitalization, and other care rendered to me in the event of my injury or illness, or for any and all other costs, damages or losses suffered or incurred by me or occasioned to me in connection with my travel to and from, and my participation in, the competition and related activities, except that the forgoing waiver and release shall not apply to injuries, damages, and losses resulting from the gross negligence and/or want of misconduct of the Organizers or to bodily injuries and medical expenses covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies maintained by the Organizers.

I agree to be filmed and photographed under conditions approved and authorized by the USA Weightlifting, to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my weightlifting performance and grant to Performance Initiatives, Inc., USA Weightlifting and Organizers the right to record and make use of the same, and to authorize others to do so in promoting the competition and the success of the weightlifting team on which I compete, to promote the image of Performance Initiatives, Inc. and USA Weightlifting, its sponsors and advertisers, and the sport of weightlifting, and to fund the activities of the Performance Initiatives, Inc. and USA Weightlifting.

I (and my parent or guardian, if I am a minor), agree that the Organizers and its agents, including competition personnel, may make judgments (with appropriate input from available medical personnel), as to my treatment, hospitalization or other medical care in the event of my illness or accidental injury in connection with my participation in the competition, should I be disabled or incompetent to make necessary and appropriate decisions concerning such treatment, hospitalization or other care. I authorize the Organizers, its agents and competition personnel to make such decisions for me as though they stood in a relationship to me of parent, guardian or next of kin should circumstances require the Organizers, its agents and competition personnel to make such judgments, and my next of kin cannot be timely and conveniently contacted to participate in the making of such judgments.

I hereby release and agree to hold the Organizers, its agents and competition personnel harmless from all expenses, causes of action, liability, claims and demands arising from good faith judgments made by the Organizers, its agents and competition personnel concerning my treatment, hospitalization and medical care in the event of my illness, injury or other emergent circumstances in connection with the competition.

I (and my parent or guardian, if I am a minor), agree that I will be financially responsible for treatment, hospitalization and other medical care rendered to me in the event of my illness, injury or other emergency circumstances in connection with the competition, except to the extent my injuries and medical expenses, if any, are covered by accidental death, dismemberment and/or loss of sight and medical reimbursement insurance policies maintained by the Organizers for my benefit, in which event I will nevertheless continue to be financially responsible for expenses of treatment, hospitalization and other medical care in excess of such policies' limits.

**PAGES 3 and 4 MUST BE COMPLETED AND SUBMITTED TOGETHER**

**2009 Cheryl Haworth Classic  
OFFICIAL ENTRY FORM**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

**WEIGHT CLASS:** \_\_\_\_\_ **KG** (You can only enter one)

NAME \_\_\_\_\_ USAW # \_\_\_\_\_  
(Last) (First) (Middle)

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

e-mail: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

COACH: \_\_\_\_\_

WILL THIS BE YOUR COACH AT THIS MEET?  YES  NO (If no, then whom?) \_\_\_\_\_

Coach's USAW # \_\_\_\_\_

**(COACH MUST BE A CURRENT USA WEIGHTLIFTING MEMBER TO ACCESS THE WARM-UP ROOM)**

USA WEIGHTLIFTING CLUB AFFILIATION \_\_\_\_\_ CLUB #: \_\_\_\_\_

MALE  FEMALE \*U.S. CITIZEN:  YES  NO

School-age  Junior  Senior  Master

**\*Athletes must be U.S. Citizens to compete\***

**UNDER AGE ATHLETES**

**ATHLETES UNDER 18 YEARS OF AGE MUST HAVE THE FOLLOWING SECTION COMPLETED  
BY A PARENT OR GUARDIAN**

I have explained to my son/daughter the aforementioned releases and conditions and their ramifications and I further consent to his/her registration for this USA Weightlifting activity under the above stipulated conditions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ (Parent or Guardian)

**IF YOU ARE UNDER 18 YEARS AND YOU HAVE FAILED TO HAVE YOUR PARENT OR GUARDIAN SIGN THIS RELEASE,  
YOU WILL NOT BE PERMITTED TO LIFT or COMPETE.**

**PAGES 3 and 4 MUST BE COMPLETED AND SUBMITTED TOGETHER**

