



Frank DeLuca YMCA 1st Annual

SCHOLARSHIP SHOWDOWN

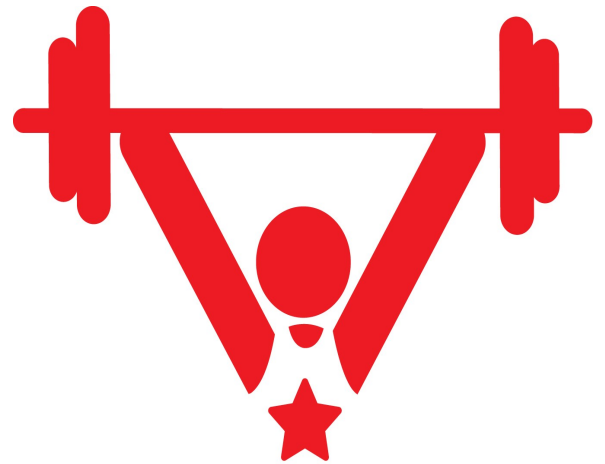
Frank DeLuca YMCA is hosting a weightlifting competition to help support the local community. All proceeds will go directly to our 2017 scholarship campaign in an effort to help those in need live and lead a healthier lifestyle.

When: May 6, 2017

Time: 5:00pm to 9:00pm

Early Sign-up Ends: April 7, 2017

Weigh-ins: May 6, 1:30-3PM



Participants will receive:

- T-shirt (Register prior to 4/7/17 to guarantee shirt sizing)
- Swag Bag
- Trophies for our first place winners in each class
- Local bragging rights

Register to join us for a night of FUN!





Registration Form

2017 Scholarship Showdown

Men Age Group

16-19

20-23

24-39

Masters 40+

Men Weight Class

Lightweight (Up to 164 lbs)

Middleweight (165-224 lbs)

Heavyweight (225 lbs and Up)

Registration Fee

Prior 4/7/17 \$35

4/7/17-5/3/17 \$45

Deadlift or Bench Only

Prior 4/7/17 \$20

4/7/17-5/3/17 \$25

Only those registered by 4/7/17 guaranteed shirt sizes.

Spectators \$10

Women Age Group

16-19

20-23

24-39

Masters 40+

Women Weight Class

Lightweight (Up to 130 lbs)

Middleweight (131-180 lbs)

Heavyweight (181 lbs and Up)

Name of Participant _____

Age _____ Weight Class _____ Gender Male Female

Participating Event _____

Address _____ City _____ State _____ Zip _____

Email address _____

Phone _____ - _____ - _____ Shirt Size (circle) XS S M L XL XXL

Please let us know if you need a specific shirt size not listed.

Emergency Contact _____ Phone _____ - _____ - _____

Participation Waiver

I understand that the Central Florida YMCA assumes no responsibility for injuries or illness which myself, or my child, may sustain as a result of my or his/her physical condition or resulting from athletic activities, sports programs, the use of any equipment, exercise or activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illness, which may result from my, or my child's, participation in these activities. I hereby release and discharge the Central Florida YMCA, it's agents, servants, and employees from any and all claims for injury, illness, death, and loss or damages which myself, or my child, may suffer as a result of my, or his/her, participation in these activities. I give permission to the Central Florida YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include me or my family's image or voice for the purpose of promoting or interpreting Central Florida YMCA programs. I acknowledge the waiver set forth above, and being in sympathy with the Mission Statement of the Central Florida YMCA agree to sign this waiver.

Signature of Participant (or Guardian)

Date