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| **nwl logo** | **NORTHERN WEIGHTLIFTING** **BERGSON TROPHY AND LES GREEN AWARD 2018****ENTRY FORM****MYTHOLMROYD COMMUNITY CENTRE, CALDENE ROAD, HEBDON BRIDGE.****SATURDAY 3rd NOVEMBER 2018****Weigh-in 9am – 10am Start 11am.***(subject to change depending on numbers)* |  |

Please complete this form fully and in **BLOCK CAPITALS Asterisks denote mandatory fields**

 *Fill in with the lifting order from session 1-2-3 for the men and 1-2 for the women as this will be the lifting order on the day and will not be changed on the day. For male teams, please complete the details for all 3 male competitors (3-man team)*

*For female teams, please complete the details for both competitors (2-woman team)*

*Teams must be from the NWL region*

|  |  |
| --- | --- |
| Name \* |  |
| Address \* |  |
|   | Post Code \* |  |
| Date of Birth \* |  / / | Gender \* |   |
| Contact Phone No. |  | E-mail \* |  |
| BWT Class \* |  | BWL Membership No. \* |  |
| BWL Club |  |

|  |  |
| --- | --- |
| Name \* |  |
| Address \* |  |
|   | Post Code \* |  |
| Date of Birth \* |  / / | Gender \* |   |
| Contact Phone No. |  | E-mail \* |  |
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| --- | --- |
| Name \* |  |
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|   | Post Code \* |  |
| Date of Birth \* |  / / | Gender \* |   |
| Contact Phone No. |  | E-mail \* |  |
| BWT Class \* |  | BWL Membership No. \* |  |
| BWL Club |  |

* You should note that the closing date for entries is **FRIDAY 5th OCTOBER 2018 this means entry must be received by last post on the day or by email before 6pm.**
* Your BWL Membership Book (or Home Country Membership Card) must be collected at the Weigh-In for the duration of the competition
* Competitors will be notified of any changes to the above details, e.g. weigh in time, start time, etc. Please check the northernweightlifting.com website from 7th OCTOBER onwards
* With this entry form you must enclose the following:
	+ Entry Fee: **£18:00 for each lifter.**
	+ **Minimum age for entry 13 must be 13 or over on the actual day of the competition.**
	+ Parental consent form if under the age of eighteen (18).

Payment can be made by cheque or bank transfer to **NWL**

Please indicate by striking through\* - **Cheque** or **Bank Transfer**

Bank transfer to: **Barclays Bank plc Sort Code 20-11-81 Account No. 30993344**

By bank transfer your name must be used as the payment reference to substantiate your entry\*.

Mail cheques and/or entry forms to - Chris Baker - 52, Surrey Crescent, Consett, Co Durham, DH8 8HT Tel: 07849 181705 Email: jcb.cwlc@hotmail.co.uk

I realise I may be tested by the UKADA at the championships and agree to comply with the instructions of the UKADA and BWL Officials. I will not leave the venue until given permission to do so by the relevant UKADA officials or any Designated Authority.

I agree to be bound by the rules and regulation of BWL and declare that I am physically fit to undertake the sport of weightlifting and have no knowledge of any medical condition which will make weightlifting contra-indicated to my wellbeing.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ (Signature of parent/guardian if under 18)

BRITISH WEIGHT LIFTING (BWL)

UNDER 18 PARENTAL CONSENT AGREEMENT FORM

ANTI DOPING AND DISCIPLINARY REGULATIONS

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address)

Confirm that I have parental / guardian authority for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (athlete’s name)

I confirm that:

1. I give permission for my son / daughter to compete in the NWL Bergson Trophy / Les Green Award on November 3rd 2018 and confirm that he / she is physically fit to undertake the sport of weightlifting.
2. I consent and agree to my son / daughter complying with anti-doping testing, and being bound by all the provisions of the Anti-Doping Rules, and any determinations made in accordance with BWL Anti-Doping Rules.

I understand that a refusal to provide a consent may affect the athlete’s involvement in BWL events and activities and BWLA may refuse to allow the athlete to participate in such events.

1. My son / daughter is taking / not taking\* a prescribed medication by our doctor or pharmacist (delete where appropriate)

If your child is taking any medication then contact the support@bwla.co.uk immediately for advice. Medication for asthma may be prohibited by the International Olympic Committee and World Anti-Doping Agency, but the BWL can help you apply for an exemption.

1. I consent to photographing and videoing of my child in the weightlifting competition under the stated rules of the BWL Child Protection Policy.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_