

**USA WEIGHTLIFTING****® LEVEL 1 COACH****APPLICATION FORM**

www.usaweightlifting.org

**COURSE INFORMATION:**Date of Course: June 8 & 9, 2012Deadline for Application: May 25, 2012Clinic Coordinator: Tom WardInstructor: Tom CrossFacility Name: Edmond Memorial High School "Dog House"Facility Address: 1000 East 15<sup>th</sup> StreetContact Telephone: School: 405-715-6519 Cell: 405-474-7336City: Edmond State: Ok.Zip: 73013 email: tom.ward@edmondschools.net**PARTICIPANT INFORMATION:**

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

Street Address (cannot be PO Box) : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): (Work): (Cell): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ U.S. Citizen: Y \_\_\_\_\_ N \_\_\_\_\_

USAW member # (if already a member): \_\_\_\_\_ USAW Club to be affiliated with: \_\_\_\_\_

**Waiver of Liability**

In consideration of my participation in any USA Weightlifting program, I acknowledge that I understand the nature of the activity, and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I fully understand that weightlifting involves risk of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inaction, those of other participating in the event, the conditions in which the event takes place, or the negligence of the Releasers named below, and that there may be other risks either not known to me or not foreseen at this time and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the activity. I hereby release, discharge and covenant not to sue USA Weightlifting, their respective administrators, directors, agents, officers, volunteers and employees and any sponsors and advertisers of any USAW sanctioned event in which I participate (each considered on of the Releasers herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused whole or in part by the negligence of the Releasers. This release, waiver of liability and express assumption of risk agreement does not apply to any liability, claims demands, losses or damages arising out of the gross negligence of or intentional, willful or wanton misconduct of Releasers. If I or anyone on my and/or my minor child's behalf makes a claim against any of the Releasers, I will indemnify, defend, save and hold harmless each of the Releasers from any loss, liability damage or cost which may incur as a result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Mail Application to: USA Weightlifting OR Fax to: 719-866-4741**  
**One Olympic Plaza Contact: Ph: 719-866-4508**  
**Colorado Springs, CO 80909**

Or go online to: [usaweightlifting.org](http://usaweightlifting.org) E-Store and fill out application online.

**VALID USA WEIGHTLIFTING COACHING CERTIFICATION REQUIRES CONTINUALLY ACTIVE  
USAW MEMBERSHIP, ANNUAL RECERTIFICATION FEE AND ANNUAL RECERTIFICATION TESTING**  
(this application effective 1/11/2010)

FEES: \_\_\_\_\_ \$395.00 for courses held in locations *other than* the Olympic Training Center (OTC) \_\_\_\_\_**Add \$50.00 late registration fee (if applying after deadline posted on website – non-OTC course only)****Walk-in registrations not accepted.****MAKE CHECK PAYABLE TO USA WEIGHTLIFTING OR PAY BY CREDIT CARD**

Visa \_\_ Mastercard \_\_ Discover \_\_ American Express \_\_ Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_

Shirt Size (circle one): XS S M L XL XXL XXXL