

T.H.S.W.P.A.

Regional and State Meet Eligibility Form

Date _____

Name of School _____

School Address _____

City _____ Zip Code _____

Phone ____ (_____) _____

I hereby certify that the following list of students are eligible according to the rules as stated in the U.I.L. constitution and contest rules.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

Signature of Superintendent or Principal _____

Signature of Coach _____



T.H.S.W.P.A. *Drug Testing Affidavit*

It's the purpose and Goal of the Texas High School Powerlifting Association to maintain a drug-free and wholesome environment for the young athletes of Texas, and in particular, those involved in powerlifting. Failure to present this form with the proper signatures, or failure to submit to testing as deemed necessary by the T.H.S.W.P.A. will automatically mean forfeiture of the privilege to compete in the Regional and State meets.

I, the undersigned competitor, do hereby solemnly swear that I am not presently, nor have I been, using any form of anabolic steroid, or any other such substance, in an effort to enhance my athletic abilities and performance. Furthermore agree to be tested for the use of such substances by a urine test, to be administered by the T.H.S.W.P.A. at the State Meet.

Signature of Athlete _____

Date _____

Signature of Parent or Guardian _____

Date _____

Signature of Coach _____

Date _____

T.H.S.W.P.A.

Regional and State Meet Release Form

Name _____

Weight Class _____

Name of School _____

City _____ Zip Code _____

Emergency Phone Number _____

Person to contact in case of emergency _____

I hereby, for myself, heirs, executors, and administration, waive and release any and all rights and or claims for damages I may have against the T.H.S.W.P.A., its' directors, meet organizers, sponsors and the State or Regional meet site and their representatives, for any and all injuries which may be suffered by me in the competition.

Signature Athlete _____

Date _____

Signature of Parent or Guardian _____

Date _____





THSWPA Scholarship Application



The THSWPA offers eighteen \$1000 scholarships to be presented at the State Meet. That is one per Division per Region. If your lifter is a senior who desires to go to college and has a financial need, please submit an application to your regional director no later than the date of the regional meet.

Application guidelines:

1. No more than one application per school
2. Student must have a 3.0 GPA on a 4.0 College G.P.A scale according to TEA (this **must be visible** on a transcript that must be included with the application)
3. Student must have a financial need
4. Student must be a senior
5. Three letters of recommendation must be submitted
 - a. From the lifter's coach
 - b. From a teacher familiar with the student
 - c. From the lifter telling what powerlifting has meant to her. (please include future plans)
6. Schools must be active members of the THSWPA
7. Regional Director must receive application by the date of the regional meet

Student's Name _____

Student's Address _____

Student's Phone _____

Student's Birthday _____

Student's Social Security # _____

Class rank _____

Current GPA _____

School Name _____

School Address _____

School Phone _____

Coach's Name _____

Coach's Address _____

Coach's Phone _____