

# **MID-ATLANTIC REGIONAL COMPETITION AND CAMP**

## **REGISTRATION AND INFORMATION**

Camp and Competition: Saturday, November 11, 2017

**Event location:** Samaritans Walk (inside of the Ashland Athletic Club). Address is:

431 England Street

Ashland, VA 23005

**Registration:** Please mail registration and the registration fee of \$50 (cash/check) to Samaritans Walk by Monday, October 2, 2017. A late registration fee of \$15 will apply after October 2, 2017.

**Transportation:** Our closest airport is Richmond International (RIC) which is about 25 minutes away from our blocked hotels and event location. Transportation to and from the airport and hotels will be provided to you. If you choose to rent a vehicle, rental companies are located on the first floor of the airport near baggage claim.

**Hotels:** We have blocked rooms at two Hampton Inn hotels:

Hampton Inn: Ashland \$99 per night

(804) 752-8444

705 England Street

Ashland, VA 23005

Hampton Inn: Glen Allen \$119 per night

(804) 261-2266

1101 Technology Park Drive

Glen Allen, VA 23059

\*taxes and fees are not included in the prices shown above

Both hotels have accessible and non-accessible rooms on the block for Friday, November 10<sup>th</sup> and Saturday, November 11<sup>th</sup>. The Ashland hotel only has 1 handicap accessible room. The Glen Allen location will have more handicap accessible rooms. Please book as soon as you can as handicap accessible rooms are limited. Our group rate deadline is October 15, 2017 so please book by then. When booking, please use our group name Samaritans Walk.

## **Saturday, November 11: Camp and Competition**

Transportation from your hotel to Samaritans Walk will begin at **7:30 am**.

Weigh-in will be at **8:30 am**. **Competition** will begin at **10:00 am**.

Food and drinks will be provided but please bring whatever else you may need.

You may wear whatever you wish, but if you have a singlet please wear it.

**Camp** will begin at **1:00 pm** at Samaritans Walk.

Food and drinks will be provided.

During camp, you will learn more about the sport of Para Powerlifting. You will learn what a perfect lift consists of and how to train.

Transportation back to hotels will begin promptly after camp.

**Referee Clinic** will begin at **5:00 pm** for those who have signed up through an additional registration (can be found at Logan.edu).

If you have any questions, please feel free to call, text, or email the event coordinator at:

Caitlin Brown

(804) 317-6740

caitlinscript@gmail.com

## REGISTRATION FORM

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Weight: \_\_\_\_\_ Disability: \_\_\_\_\_

Address: \_\_\_\_\_

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

Do you have any allergies? \_\_\_\_\_

Which Hampton Inn will you be staying at? (Ashland or Glen Allen) \_\_\_\_\_

Please note if driving self or flying in: \_\_\_\_\_

IF FLYING, please fill out below-

Arrival date: \_\_\_\_\_ Arrival time: \_\_\_\_\_ Airline: \_\_\_\_\_

Flight number: \_\_\_\_\_

Departure date: \_\_\_\_\_ Departure time: \_\_\_\_\_ Airline: \_\_\_\_\_

LIABILITY

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in this camp and competition may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge the release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said camp and competition.

Athlete's signature and date: \_\_\_\_\_

Parent/Guardian's signature and date (if under 18): \_\_\_\_\_

AUDIO, PHOTOGRAPH, VIDEO RELEASE

I GIVE / DO NOT GIVE (circle one) permission for any photograph, video tape reference of myself or any other form of written or audio visual record of my participation in training sessions, competition, events, or meetings held at or by Samaritans Walk. I understand any of these photos or videos may be posted on Samaritans Walk's website.

Athlete's signature and date: \_\_\_\_\_

Parent/Guardian's signature (if under 18): \_\_\_\_\_