

MID-ATLANTIC REGIONAL CAMP/COMPETITION

REGISTRATION AND INFORMATION

Camp: Saturday, February 16, 2019

Competition: Sunday, February 17, 2019

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 January 25, 2019.

Transportation: Our closest airport is Richmond International (RIC) which is about 25 minutes away from our blocked hotel 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. Arriving by train is also available; please plan to arrive at the Ashland Train Station. If you need an accessible station, please arrive at the Staples Mill Station. If you are not driving yourself or getting a rental car, you must arrive in Ashland/Richmond no later than 10:00 pm on Friday, February 15th.

Hotels: We have blocked rooms at these Hampton Inn hotels:

Hampton Inn: Glen Allen

\$119 (plus tax) per night

(804) 261-2266

1101 Technology Park Drive

Glen Allen, VA 23059

Hampton Inn: Ashland

\$99 (plus tax) per night

(804) 752-8444

705 England Street

Ashland, VA 23005

If there is an issue with booking an accessible room, contact me IMMEDIATELY You must book your room by January 25, 2019 in order to receive the group rate. When booking, use the group name Team USA. Check-in is 3:00 pm and check-out is 11:00 am.

Saturday, February 16th: Camp

Transportation from your hotel to Samaritans Walk will begin at **8:30 am**.

Camp will begin at **9:00 am** and will break for **lunch at 1:00 pm**.

- Camp is for athletes AND coaches who have registered and paid the \$50 registration fee.

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

Camp will resume at **2:00 pm** and will **end at 5:00pm**.

Athletes: you may wear whatever you wish but make sure to bring a t-shirt to lift in. Singlets are not necessary.

Transportation back to hotels will begin immediately following the camp.

Please come prepared and review para powerlifting rules. The rules can be found at www.disabledpowerlifting.com

Sunday, February 17th: Competition

Regional Competition:

Transportation for the Regional Competition will begin at **8:30 am**.

Weigh-in will begin at **9:00 am**.

Competition will begin at **10:00 am**.

National Team ONLY Competition:

Transportation will begin at **11:30 am**.

Kit-check and weigh-in will begin at **12:00 pm**

Competition will begin at **1:30 pm**.

IT IS HIGHLY RECOMMENDED THAT CAMP ATTENDEES STAY TO WATCH THE NATIONAL TEAM COMPETITION

REGISTRATION FORM

****FOR ALL ATHLETES AND COACHES ATTENDING****

Name: _____ Coach or Athlete: _____ Birthdate: _____

Weight: _____ Disability: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail: _____

Do you have any allergies? _____

Will you be competing in the competition or just attending camp? _____

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

Please note if driving self, arriving by train, or flying in: _____

IF FLYING/ARRIVING BY TRAIN, please fill out below-

Arrival date: _____ Arrival time: _____ Airline: _____

Flight/Train number: _____

Departure date: _____ Departure time: _____ Airline: _____

How many are traveling with you? (We need a headcount to ensure we have enough vehicles and seats for transportation). Do not include other athlete(s) or coach(es) who is/are attending as they will fill out the same form. Please provide names of your co-travelers.

FOLLOW UP EMAIL WILL BE SENT OUT ONE WEEK PRIOR TO EVENT WITH MORE INFORMATION

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): _____