

# UPA/UPA-AD American Record Application

*Athlete Information*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ UPA Card # \_\_\_\_\_

**Details of Record Being Claimed**

Name of Competition \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Competition Body Weight \_\_\_\_\_ lb Wgt Class \_\_\_\_\_ lb

Category & Division	UPA <input type="checkbox"/>	UPA-AD <input type="checkbox"/>	FULL MEET <input type="checkbox"/>	BENCH ONLY <input type="checkbox"/>
Men's <input type="checkbox"/>	Women's <input type="checkbox"/>	Raw <input type="checkbox"/>	Raw Elite <input type="checkbox"/>	Equipped <input type="checkbox"/>
Open <input type="checkbox"/>	Junior 20-23 <input type="checkbox"/>	Teenage 13-15 <input type="checkbox"/>	Teenage 16-17 <input type="checkbox"/>	Teenage 18-19 <input type="checkbox"/>
Master -	33-39 <input type="checkbox"/>	40-44 <input type="checkbox"/>	45-49 <input type="checkbox"/>	50-54 <input type="checkbox"/>
	55-59 <input type="checkbox"/>	60-64 <input type="checkbox"/>	65-69 <input type="checkbox"/>	70-74 <input type="checkbox"/>

*Only enter the lifts that you are claiming*

Record Claim	First Attempt	Second Attempt	Third Attempt	Fourth Attempt
Squat	lb	lb	lb	lb
Bench	lb	lb	lb	lb
Deadlift	lb	lb	lb	lb
Total	lb			

*American Records can be set at National, and State competitions. According to the UPA Rules no record will be considered unless entered on this UPA Records Claims Form, which must be duly signed by the Athlete, the Referees adjudicating the lift(s), the meet director and the appointed Technical Officer of the competition. Certified platform scales must have been used at the weigh in. The bar and weights must have been weighed before the competition or immediately after the Record Attempt. The Athletes personal equipment must have been inspected and conform to the requirements of the UPA Rules. A minimum of three UPA card holding referees is required to certify a Record.*

*We have witnessed the correct performance of the above lift(s) and have checked the weight of the bars and discs. The lifter weighed in within 24 hours of the competition. The lifter and his/her attire have been checked and conform to the requirements of the UPA. We are current members in good standing with the United Powerlifting Association.*

Judges Signature \_\_\_\_\_

Judges Signature \_\_\_\_\_

Judges Signature \_\_\_\_\_

Meet Directors Signature \_\_\_\_\_

*I have checked all data and agree that the above information is correct.*

Athletes Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send Form to UPA Headquarters, 145 State St., Dubuque, IA 52003**