

2025 Oklahoma AAU State, Youth, Middle School, High School, Juniors, Open, Masters Powerlifting Push/Pull, Bench Press, Deadlift Championships

Power Lifting/Push Pull/Bench Press/ Dead Lift

Saturday April 26th 2025

Sponsored by Kid Strength, Inc.



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FLYER

- * Location: Whiteside Park Community Center. 4009 S Pittsburg Ave, Tulsa Okla. 74135. (On 41st between Yale and Harvard.)
- * Weigh in and equipment check: (Fri April 25th 6:00 pm to 7:30 pm) & (Sat. April 26th 8:00am to 9:00am)
- * Meet Director: Dennis Brooks (dennisbrooks63@protonmail.com)
- * Lifting begins at 10:15 am Saturday April 26th 2025. Rules briefing 9:30am)
- * Men's weight classes: 66 77 88 97 105 114 123 132 148 165 181 198 220 242 275 308 308+
- * Women's weight classes: 66 77 88 97 105 114 123 132 148 165 181 198 220 220+
- * Age Divisions: (Youth 8/9 10/11) (Teen 12/13 14/15 16/17 18/19) (juniors 20-23) (Open) (Sub Masters/Masters)
- * **Raw Division:** Leather Belt (buckle or lever only, no padding, Velcro ok), wrist wraps; single ply neoprene knee sleeves with no method of tightening and may not exceed 30cm. in length or ¼ inch thick. **No knee wraps.** Raw adult lifters must use a singlet. Raw youth and teenage lifters can wear a T-shirt and non-baggy shorts above the knee. Must wear shoes or slippers (no socks or bare feet). Socks cannot touch the singlet or knee sleeves.
- * **Equipped Division:** Single ply squat suit, dead lift suits and bench press shirt. Knee wraps: 181 lbs.² down, 2 meter length, 198lbs and above can use 2.5 meter wraps. Wrist wraps: cannot exceed 1 meter in length and 8 cm. in width. Must wear shoes or slippers. Knee wraps cannot touch socks or suit. More information, go to www.aaustrengthsports.org and click on rules.
- * **TUBE SOCKS REQUIRED FOR DEAD LIFT. SHIN GUARDS ARE ACCEPTABLE**
- * **Weights used will be in kilograms**
- * *Entry Fee: \$65.00 (Powerlifting: squat, bench press, and dead lift). (Push/pull: bench press/deadlift). (Bench press only). (Deadlift only) \$35.00 each for second and third events entered. NO REFUNDS!!! Pay-Pal payments accepted.*
dennisbrooks63@att.net
- * Deadline: Entries postmarked after April 24th 2025 there will be a \$20.00 late fee. **Payments after April 25th 2025 cash only.**
- * Spectator Admission: \$8.00 for adults---\$4.00 for students.
- * Send Entries and payment (check or money order) and drug waiver to: Dennis Brooks, 11526 S. Nandina Ave., Jenks Okla. 74037. **Drug test waivers only required for lifters Juniors. (20-23) and over.** Drug test waiver forms can be obtained by contacting dennisbrooks63@protonmailcom.
- * Awards: 1st-3rd place in each division and each weight class.
- * Outstanding Lifter/Bench/Squat/Dead Lift: Youth, Teens, Open/ Masters, Men's and Women's Divisions.
- * **Must have at least 5 lifters each division for outstanding lifter awards, otherwise combined**
- * Questions: Contact Dennis Brooks at (918) 695-6439 or dennisbrooks63@protonmail.com
- * State records: Facebook/Oklahoma AAU Power lifting *National records: www.aaustrengthsports.org click on records
- * This event is licensed by the Amateur Athletic Union of the U.S. Inc.
- * All participants must have a current AAU membership.
- * AAU membership may not be included as part of the entry fee to the event.
- * AAU memberships must be obtained before the meet begins*
- * Be Prepared: Adult and Non Athlete memberships are no longer instant and cannot be applied for at the event.
- * Please allow 10 days for membership to be processed.
- * Participants are encouraged to visit the AAU website www.aaustrengthsports.org to obtain their membership

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Entry Form Sponsored by KID STRENGTH, INC.

Please Print:

Name: _____ Date of Birth: _____ Age day of Meet: _____

Body Wt.: _____ Wt. Class _____ Division(s) (ex: Jrs/open) _____

AAU Card #: _____ Sex: **M** **F** (circle one)

Best Sq.: _____ Best BP: _____ Best DL: _____ Best Total: _____

Address: _____ City: _____ Zip Code: _____

E-Mail: _____ Phone: _____

Entry Fee: \$65.00 NO REFUNDS!!!!

Circle Event(s) Entered: (Power Lifting: Squat, Bench Press, and Dead Lift))

(Push/Pull: Bench Press/Dead Lift) (Bench Press only) (Dead Lift only)

Circle Lift Type: (Equipped) (Raw)

Entries postmarked after Thursday April 24th 2025, must pay a \$20.00 late fee. Payments made after April 25th 2025, cash only

Make Checks or Money Order payable to: Dennis Brooks. Pay-Pal payments accepted (dennisbrooks63@att.net)

Mail Entries to: Dennis Brooks, 11526 S. Nandina Ave, Jenks Okla. 74037

I understand and will abide by all AAU Power Lifting rules and regulations waive and release the AAU, the promoter and all parties involved with the meet from any legal action that may be taken as a result of participation in the event. I realize Power Lifting competitions are potentially dangerous and physically demanding and I do so at my own risk.

SIGNATURE OF ATHLETE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18 YRS OLD: _____

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- * All participants must have a current AAU membership.
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- * AAU memberships must be obtained before the competition begins.
- * BE PREPARED: Adult and Non Athlete memberships are no longer instant and cannot be applied for at the event.
- * Please allow up to 10 days for memberships to be processed.
- * Participants are encouraged to visit AAU web site www.aastrengthsports.org to obtain their membership.
- * **TUBES SOCKS ARE MANDATORY FOR DEAD LIFT. SHIN GUARDS ARE ACCEPTABLE**

AMATEUR ATHLETIC UNION STRENGTH SPORTS DRUG TESTING
CONSENT FORM

By signing this form, I _____ affirm that I am aware of the
(Please Print Name)

Amateur Athletic Union Strength Sports drug-testing program and have read the Adult Substance Abuse program Summary

I acknowledge that doping or the use of drugs before or during competition is prohibited and a violation of The AAU code. I consent and agree to urine drug testing to participate in any and all AAU Strength Sports events. I understand and agree that the collection process and testing procedures will be performed by a third party and in accordance with the AAU Strength Sports Drug Testing Policy.

I acknowledge that AAUPC shall notify me of the results of the test by certified mail, return receipt requested, to the address I provide below. **I FURTHER ACKNOWLEDGE AND AGREE THAT SHOULD NOTICE OF A POSITIVE TEST BE RETURNED FOR ANY REASON TO AAU STRENGTH SPORTS, THE AAU STRENGTH SPORTS SHALL HAVE THE RIGHT TO POST MY NAME ON THE SUSPENSION LIST LOCATED ON THE WEB PAGE OF AAU POWER LIFTING.**

I acknowledge that if I test positive, refuse to be tested, and/ or fail to appear for testing, I will automatically be disqualified from any and all AAU Strength Sports events and may be subject to further penalties and/or sanctions under the policies and procedures set forth in the AAU Code. I acknowledge that I may request a hearing before the AAU Review Board to challenge my disqualification from any and all AAU Strength Sports events. I acknowledge and agree that this Consent shall be in effect for one (1) year from the date of signing. The parties herein agree that if any part of the Consent shall be deemed invalid and/or unenforceable, the remaining terms and provisions of said Consent shall remain in full force and effect.

I acknowledge that I have read this Consent and fully understand and agree with its contents. I further acknowledge that if I am selected to be tested, I may be required to sign another Consent Form. *** Also by signing this form, you release, discharge and covenant not to SUE the AAU Strength Sports and the AAU and other related parties.***

Dated this _____ day of _____, 20_____

SiGNATURE _____ DATE OF BIRTH _____

ADDRESS _____
City State Zip

COUNTRY _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

MEMBERSHIP NUMBER _____ RENEWAL _____ NEW MEMBER _____

WITNESS (PRINT NAME) _____

SIGNATURE OF WITNESS _____