

2019 National Drug Free Bodybuilding, Physique, Figure and Bikini Mira Costa College Concert Hall 1 Barnard Drive Oceanside, CA 92056

Date: June 29 .



Location: **Mira Costa College Concert Hall** 1 Barnard Drive Oceanside, CA 92056

Testing: Any AAU Athletes may be subject to drug testing per the AAU Policy and Procedures.
Eligibility: Must be a current member of the AAU.
Divisions: All weight classes listed below are provided in all divisions for
Bodybuilding: Novice, Teen (14-19) Open, Masters 40-49, 50-59, 60-69, 70 + MEN AND WOMEN
Physique: Novice, Teen (14-19) Open, Masters 40-49, 50-59, 60-69, 70 + MEN AND WOMEN
Figure Bodybuilding: Novice, Teen (14-19) Open, Masters 40-49, 50-59, 60-69, 70 + WOMEN
Bikini Bodybuilding: Novice, Open, Masters 40-49, 50-59, 60-69, 70 + WOMEN also SPORTS

MODEL

Mixed Pairs Classic Swim Wear

ALREADY ENTERED IN THEIR RESPECTIVE AGE GROUP. All athletes are encouraged to compete in the open division

Height Classes: In each class/division, 5 athletes and under will be a single class. 6-8 will be two classes 9+ 3 classes
We will not combine age group classes if even one athlete is pre-entered.

Schedule : Regular Check-In begins at 10:00 A.M. June 29

Competition Schedule:

Single format show 2:00 PM

Awards: Medals or Plaques/Trophies First thru Third (MINIMUM) Overall awards in many divisions.

Team Trophies first thru third

Fees: \$80 for first division entered, first division entered \$40 crossover, for each additional class.

Entries received after 6/11/19 will be subjected to \$20 additional per crossover if already entered in the show.

Entries taken at the show for athletes not pre-entered are \$90 first class, \$45/class for crossovers.

\$50 team registration, all athletes on the team must be entered separately

All athletes must have a current AAU membership card \$24 adult \$14 youth

AAU CARDS AVAILABLE ONLINE AT WWW.AAUSPORTS.ORG ALL CARD MUST BE BOUGHT ONLINE PRIOR TO THE MEET AND PRESENTED AT WEIGH-INS/CHECKI-IN ! AS PART OF THE CARD PROCESS, ALL LIFTER AGE 20+ WILL HAVE A BACKGROUND CHECK PERFORMED. CURRENTLY YOUR CARD CHOICES ARE LISTED AS POWERLIFTING OR WEIGHTLIFTING, EITHER ORKS FINE FOR ALL AAU STRENGTH SPORTS INCLUDING BODYBUILDING

Hotel Info: SEE EXPEDIA

Spectator Fee: only \$20 IN ORDER TO BE BACK STAGE YOU MUST HAVE A CURRENT AAU CARD.

ENTRY DEADLINE IS June 14 - LATE ENTRIES WILL PAY THE LATE PEBNALTY FEE (SEE ABOVE)

Make checks or money orders payable to:

Martin Drake

1993 Thunder Ridge Circle

Henderson, NV 89012

310-953-5030

E-MAIL NATURALPOWER@EARTHLINK.NET

- This event is sanctioned 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 membership must be obtained before the competition begins except where the event operator has a laptop available with an internet connection.
 - Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership

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Name: _____ Phone: _____ A.A.U.

Address _____ City _____ State _____ Zip _____
Weight Class _____ Age: _____ D.O.B. _____ Sex _____
E-Mail address _____

PLACE "B" for Bodybuilding, "P" for Physique "F" For Figure "BIK" FOR BIKINI
in appropriate block!

Bodybuilding TEEN _____ NOVICE _____ Open _____ MASTERS 40-49 _____
MASTERS 50-59 _____ MASTERS 60-69 _____ MASTERS 70+ _____

PHYSIQUE TEEN _____ NOVICE _____ Open _____ MASTERS 40-49 _____
MASTERS 50-59 _____ MASTERS 60-69 _____ MASTERS 70+ _____

FIGURE TEEN _____ NOVICE _____ Open _____ MASTERS 40-49 _____
MASTERS 50-59 _____ MASTERS 60-69 _____ MASTERS 70+ _____

BIKINI NOVICE _____ Open _____ MASTERS 40-49 _____
MASTERS 50-59 _____ MASTERS 60-69 _____ MASTERS 70+ _____

SPORTS MODEL TEEN _____ NOVICE _____ Open _____ MASTERS 40-49 _____
MASTERS 50-59 _____ MASTERS 60-69 _____ MASTERS 70+ _____

PAIRS _____ (PARTNER NAME _____)

CLASSIC TEEN _____ NOVICE _____ Open _____ MASTERS 40-49 _____
MASTERS 50-59 _____ MASTERS 60-69 _____ MASTERS 70+ _____

CLASSIC SWIMWEAR NOVICE _____ Open _____ MASTERS 40-49 _____
MASTERS 50-59 _____ MASTERS 60-69 _____ MASTERS 70+ _____

AAU Bodybuilding Waiver and Consent and hold harmless agreement

In order to be able to participate in this or any other AAU Powerlifting event, I hereby consent to be drug tested by urine analysis or whatever other method is chosen by AAU Strength Sports. I agree if I fail or refuse to be tested that I will automatically be disqualified from the event(s) and may be subject to further penalties under the AAU Code. I further consent to the publication of my test results and/or my failure/refusal to test in sole discretion of the by AAU Strength Sports

I understand that both the collection process and testing procedures will be performed by a third party (not by AAU Strength Sport or AAU)I hereby release, discharge and covenant not to sue the by AAU Strength Sports and/or the AAU, their respective administrators, directors, agents, officers, members, volunteers, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the premises on which any AAU activity takes place (each considered one of the releases) , from all liability, claims, demands, losses, or damages on any account caused or alleged to be caused in whole or in part by any and all of the releases or otherwise, relative to the drug testing, the publication(s), or any matter related to this event, and further agree that if, despite this release and waiver of liability, assumption of risk and indemnity agreement, such a claim is made against any of the releases, the undersigned will indemnify, save and hold harmless each of the releases from any litigation expenses, attorneys fees, loss, liability, damage, or cost which may occur as a result of such claim.

The parties agree that if any portion of the consent/release shall be deemed invalid and/or unenforceable, the rest of such consent/release shall remain in full effect.

I also agree to hold harmless Rancho Buena Vista High School, Vista Unified School District and the respective Employees and Administrators harmless.

Signature: _____ Date: _____

Signature of parent or Guardian: _____ if under age 21

**AMATEUR ATHLETIC UNION STRENGTH SPORTS
DRUG-TESTING CONSENT FROM**

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 Testing Policy.

I acknowledge that AAU Strength Sports 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, AAU Strength Sports SHALL HAVE THE RIGHT TO POST MY NAME ON THE SUSPENSION LIST LOCATED ON THE WEB PAGE OF AAU Strength Sports.

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.

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 this 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.

Dated this _____ day of _____, 20_____

SIGNATURE _____ DATE OF BIRTH _____

ADDRESS _____

City _____ State _____ Zip Code _____

Country _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

MEMBERSHIP NUMBER _____ RENEWAL _____ NEW MEMBER _____

WITNESS (PRINT NAME) _____

SIGNATURE OF WITNESS _____