

# Individual Membership Application

## United States All-Round Weightlifting Association

PLEASE PRINT AND FILL OUT COMPLETELY

NAME OF APPLICANT	
ADDRESS - STREET	
ADDRESS – CITY, STATE, ZIP	
DATE OF BIRTH	
EMAIL ADDRESS	
PHONE NUMBER	
CLUB AFFILIATION	

**DRUG WAIVER:** *I hereby consent to have a sample of my urine collected and tested for the presence of banned substances in accordance with the provisions of the United States All-Round Weightlifting Association Drug Testing Program. I understand that a collection crewmember of the same gender will monitor the furnishing of the specimen by observation in order to assure the integrity of the specimen. I understand that failure to appear for drug testing at the designated time will constitute withdrawal of my consent to be tested and will result in disqualification from the event and/or permanent suspension from the USAWA. I understand that selection for testing may be based on random selection, reasonable suspicion, or position of finish in an event. I further understand that I may be selected for testing for no reason at all and on more than one occasion during a competition. I understand that any urine samples will be sent only to a certified laboratory for actual testing, and that the samples will be coded to provide confidentiality. I hereby authorize the release of such testing results to the USAWA Drug Enforcement Director and to the members of the USAWA Executive Board. I further understand that these results will be made available to me. I understand that I am free to withdraw this consent for banned substances testing. However, I also understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in future competitions sanctioned by the USAWA. If I am under the age of 21, and I test positive, I hereby authorize the release of the results of such testing to my parent(s), legal guardian or spouse. I hereby release the United States All-Round Weightlifting Association, its Officers and Executive Board from legal responsibility or liability for the release of such information and records as authorized by this form.*

**PLEDGE:** *I agree to abide by the rules and bylaws of the United States All-Round Weightlifting Association (USAWA). I understand that this membership will be revoked if I violate those rules.*

\_\_\_\_\_

(Signature of Applicant)

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(Date of Application)

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(Signature of Parent/Guardian if under 21)

Individual membership fee is \$25. Membership fee must accompany application.  
Make check or money order payable to the USAWA. RETURN TO:

**Al Myers \* 1126 Eden Road \* Abilene, Kansas \* 67410**