

**Athlete Weigh-In Document**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Anticipated Weight Class(kg): \_\_\_\_\_  
(mo./day/year)

Opening Attempts (all in **kg**):

Squat: \_\_\_\_\_

Bench Press: \_\_\_\_\_

Deadlift: \_\_\_\_\_

Rack Heights:

Squat: \_\_\_\_\_ IN/OUT(circle one)

Bench Press: \_\_\_\_\_ Safety: \_\_\_\_\_

Bench Press Foot Blocks: Yes/No (circle one)  
If yes: which height: \_\_\_\_\_

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