

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: _____