

NWCA/USA WRESTLING National Scholastic Duals Championship

April 14,15 &16, 2011

Knowlings Fieldhouse,
Allen Athletic Center
Wabash College
Crawfordsville, Indiana

*Premier National Dual Folkstyle
Championship
for State Entered Teams-
grades 9,10,11*

*(Competition limited to 24 teams)
(Guaranteed seven matches minimum)*

contact: John Cook
NWCA Ast. Dir. of Events
jmcook1949@yahoo.com
765-993-7713

2010 Results (top 4)

1. Illinois
2. Indiana
3. Pennsylvania
4. Virginia

2011
NWCA/USA WRESTLING NATIONAL
SCHOLASTIC DUALS CHAMPIONSHIP

Presented by the
IHSWCA and
The Shelbourne Clinic

April 14-15-16
Knowlings Fieldhouse, Allen Athletic Center
Wabash College
Crawfordsville, Indiana

Tournament Handbook

The following forms **MUST** be signed by **PARTICIPANT** and **PARENT/GUARDIAN** and presented to tournament organizers upon arrival to be eligible for competition.

- **Consent and Release Form**
- **Medical Consent Form**



To: State Coaches / Team Leaders
From: John Cook - Tournament Director
Re: NWCA/USA WRESTLING National Scholastic Duals
Packets

Thank you for your interest in competing in the **2011 NWCA/USA WRESTLING National Scholastic Duals Championships**. We are pleased to announce that this event is now a sanctioned and recognized USA Wrestling National Championship. Competition will be held at the Knowlings Fieldhouse, Allen Athletic Center on the campus on Wabash College in Crawfordsville, Indiana on April 14, 15 and 16, 2011. (Crawfordsville, In. is located 30 minutes west of Indianapolis on Interstate 74 and 40 minutes from the Indianapolis airport). Enclosed you will find an information packet including all the necessary forms to enter your state team in the event. Please be sure to meet all deadlines and complete all forms accurately and completely. **The event is open to the first 24 teams and once that number is met registration will be closed.** The NWCA anticipates the field will fill rapidly due to a recent increased interest in the event. The Scholastic Duals is the only national event on the weekend. **Your Payment / Entry form along with \$500 Registration Fee is due by March 31, 2011.**

Enclosed you will find the following forms and information:

- Event Checklist
- General event information
- Entry fee application
- Schedule of Events
- Official Roster form
- Consent and Release form (must be signed by parents)
- Medical Release form (must be signed by parents)
- Athlete information sheet
- Airline Travel Information
- Hotel Information

For information or questions about the **2011 NWCA/USA WRESTLING Scholastic Duals Championship** please contact the following:

John Cook
NWCA Assistant Director of Events
P.O. Box 11
Centerville, IN 47330
765-993-7713 – Cell
jmcook1949@yahoo.com

NWCA/USA WRESTLING National Scholastic Duals
Coaches / Team Leader
CHECKLIST

<u>ITEM</u>	<u>DATE DUE</u>	<u>√</u>
<u>\$500.00 & Official Team Entry Forms</u> Sent to: John Cook P.O.Box 11 Centerville, In. 47330	3/31/11	_____
<u>State Team Roster Form</u>	4/07/11	_____
email to: John Cook jmcook1949@yahoo.com		

Present at Registration the Following

<u>Medical Consent</u>	4/14/11	_____
<u>Consent and Release</u>	4/14/11	_____
<u>Athlete Information Sheets</u>	4/14/11	_____

Mailing and Email Information:

John M. Cook
Assistant Director of Events
NWCA
P.O. Box 11
Centerville, In. 47330
765-993-7713 (Cell)
jmcook1949@yahoo.com

NWCA/USA WRESTLING

National Scholastic Duals Championship

- USA Wrestling sanctioned event. **ALL** competing wrestlers must have a current **USAW Card (cards will be available for purchase onsite)**. Coaches must have a current **NWCA Card** to enter the floor area and coach.
- A team should be comprised of 14 to app. 20 wrestlers. Each team will have 14 starters and any chosen alternates. Time and mat space will be available for alternates exhibition matches.
- This event is open to wrestlers currently in grades 9-11.
NO SENIORS ARE ALLOWED TO COMPETE!
- **Weight classes:**
108, 117, 124, 130, 135, 140, 145, 150, 157, 165, 176, 194, 220, 285
- **Weigh-ins:** Teams will be called to weigh-ins beginning after 3 pm. Teams will weigh-in in the order in which their registration is completed. **ALL TEAM MEMBERS MUST BE PRESENT AND READY TO WEIGH-IN WHEN CALLED TO THE SCALES. NO EXCEPTIONS! NO INDIVIDUAL WILL BE ALLOWED TO WEIGH-IN SEPARATELY FROM HIS TEAM.** NFHS weigh-in procedures will be in effect. **Please note, if travel schedule will delay team weigh-ins, the team leader must contact John Cook prior to Thursday April 14th, 2011. In case of an emergency situation please call John Cook at 765-993-7713.**
- All Federation rules will apply.....taped laces, hair standards etc.
- Headgear required.
- Collegiate cut singlet preferred....**NO SCHOOL UNIFORMS ALLOWED!**
A uniform in state colors is recommended.
- **\$500.00 entry fee per team due by March 31, 2011.**
- **State Team rosters will be due to John Cook no later than April 7, 2011.** If team rosters are incomplete on this date, please sent whatwrestler information is available. Changes can be made at registration. This will allow time to get the names into the program.

IMPORTANT NOTICE TO READ

- It is ***recommended*** that team members be selected through participation in a qualifying event outside the scholastic season. Please check with your state high school associations to determine eligibility restrictions for your athletes. It is always helpful to have someone at the state tournaments handing out an information packet to all underclass participants.

NWCA/USA WRESTLING Scholastic Duals
Championship
Payment Form

Please Return with **\$500.00** Team Entry Fee by **March 31, 2011**
Mail Payment and Completed Form to:

John M. Cook
Assistant Director of Events
National Wrestling Coaches Association
PO Box 11
Centerville, In. 47330

State _____

Team Leader _____

Enclosed is our \$500.00 Check or Money Order for Entry Fee .
Payable to: National Scholastic Duals Championships

2011 NWCA/USA WRESTLING National Scholastic Duals

CONSENT AND RELEASE FORM PRINT IN CAPITAL LETTERS

NAME _____ USAW CARD # _____ *

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SCHOOL _____ GRADE _____

WEIGHT CLASS _____

CONSENT AND RELEASE

In consideration for the opportunity to participate in the 2011 NWCA National Scholastic Duals (the "Event") the undersigned and his/her parent or guardian, if applicable ("Competitor"), herby acknowledges that the "Event" and related activities and performances, may be televised live and/or other use or videotaped for broadcast, cablecast, home video entertainment and/or other use or distribution (collectively, "Dissemination") in a manner not inconsistent with applicable rules or the National Wrestling Association, Inc., d/b/a/ USA Wrestling, Inc. ("USAW") and/or the Federation Internationale de Lutte Amateur ("FILA") and herby consents the NWCA/USAW, for purposes of NWCA/USAW's athletics/sports programs and related activities, and any television network, production company or any other parties with which USAW has agreements for such purposes, and/or their licenses, shall have the right, without any compensation to competitor, to use competitor's name, photograph, image, likeness, biography and accomplishments and displays of wrestling ability in any Dissemination of the Event and for the purposes of advertising, promoting and publicizing the events and activities of the NWCA and USAW and the program and/or program series of which any Dissemination of the Event is a part (provided that none of the above shall be used in such fashion so as to constitute an endorsement of any commercial product). Competitor agrees, for and on behalf of Competitor and Competitor's heirs, personal representatives, administrators, agents, successors and assigns, to release, indemnify and hold harmless NWCA/USAW and its officers, directors, agents, employees and licenses from any claim of any nature based upon or arising our or any Dissemination or other is permitted uses contemplated by the Consent and Release.

*USAW card can be purchased at tournament site or from your state team coach.

Signature of Competitor

Date

Signature of Parent or Guardian
(If competitor is under 18 years old)

Date

2011 NWCA/USA WRESTLING National Scholastic Duals

MEDICAL CONSENT FORM PRINT IN CAPITAL LETTERS

MEDICAL CONSENT

Name or your Primary Insurance Company _____

Policy No. _____ Family Doctor _____ Phone _____

Presently on medication? _____ If yes, please list medication(s) _____

Special Medical Conditions _____

Parent/Guardian of minor must read and compete the following:

Without this signed authorization from parent/guardian, hospitals in many states are obligated by law to deny treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.

CHECK ONE

___ If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

___ If my child named above needs medical treatment during this event it is my wish that the necessary treatment be initiated while efforts are made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions – List any medical procedures that you do not want performed unless specific approval is needed.

Please indicate another person to call if an accident occurs and we are not able to reach you:

Name _____ Phone _____

By signing below you acknowledge that you have read the above document, and understand its purpose as it relates to this tournament.

**Print name of Competitor
Date**

Date

Signature of Parent or Guardian

(If Competitor is under 18 yrs.old)

Signature of Competitor

Date

NWCA/USA WRESTLING National Scholastic
Duals Championship
Athlete Information Sheet

Please Obtain Information from Student Athletes

Please note that this information will be provided to all college coaches in attendance of the NWCA/USA WRESTLING/Brute National Scholastic Duals. If you do not want your information released to college coaches, please check the appropriate box below.

Name: _____ Team: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

High School: _____

High School City and State: _____

Coaches Name: _____ Coaches Phone: _____

Grade: _____ GPA: _____ SAT/PSAT or ACT: _____

Season Record: Fr: _____ Wt: _____ So: _____ Wt: _____ Jr: _____ Wt: _____

Honors and Achievements: _____

I DO NOT want my Information Released to College Coaches

NWCA/Brute National Scholastic Duals
Recommended NWCA Travel Agency

For flight assistance call Anthony Travel, Inc.

Contact Person –

Debbie Abdelgainy, Manager
909-225-0792
debbie@anthonytravel.com

Terri Boughton, Asst. Manager
909-226-8377
terri@anthonytravel.com

Hotel Accommodations

Quality Inn

2500 Lafayette Road
765-362-8700
www.choicehotels.com

Rates:
Rooms with two doubles \$73.95
Rooms with one queen or king \$59.95

Holiday Inn Express

2506 Lafayette Road
765-323-45
www.hiepress.com/crawfordsville

Rates:
Rooms with two queen beds \$99.95
Rooms with one king \$99.95
*******this is a new hotel*******

********both hotels offer complimentary breakfast********

The Quality Inn has a Buffet Dinner each night for \$7.95(with a coupon for this event). Please reserve team meals in advance.

The Thursday evening coaches meeting and social will be held at the Quality Inn.

These hotels are located next to each other and are both under the same management.

Questions can addressed to the manager, Mr. Paul Parry, 765-362-8700 or pparry@amstal.com.

