



# Cadet/Junior National Championships (Fargo) 2011



The team packet will consist of a comprehensive list of information. Read and complete the enclosed forms, which will be needed to be processed to establish your commitment to Team Texas.

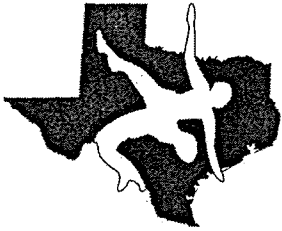
Please note that the Commitment Letter and a \$400 deposit must be sent within 1 week of qualification to secure a place on the team. You may pay by check by contacting Jason Nickal

Please remit payment to:

**TXUSA Wrestling  
c/o Jason Nickal  
1102 Springfield Ln.  
Allen, TX 75002**

## **Team Texas Forms Check-Off.**

- **TXUSA Cadet/Junior National Team Application Pg. 2 (Fill out and turn in)**
- **General Information noting dates and costs Pg. 3**
- **Fargo Equipment Extra Equipment order form. Pg. 4 (Fill out only for Extra Equipment)**
- **Parents FAQ Pg. 5**
- **TXUSA Code of Conduct. Pg. 6**
- **Parent and wrestler Affirmation of Code of Conduct sheet. Pg. 7 (Must Sign)**
- **Bag Check Authorization Form. Pg. 8 (Must Sign)**
- **Medical Information & Waiver Forms Pg. 9**
- **Medical Questionnaire Pg. 10-12 ( Must complete & sign)**
- **Assumption of Risk Listed Separately on Site**
- **USA Wrestling Entry Form Listed Separately on Site**
- **Parental Instruction on Medical Treatment Listed Separately on Site**



**TEXAS USA WRESTLING**

# Cadet/Junior National Championships (Fargo) Team

## 2011 APPLICATION

Send this application with a check for \$400 no later than June 1, 2011. Total cost will not be more than \$800.00. Exact amount will be determined no later than June 1. Note trip cost will be reduced by \$175 for wrestlers who already have equipment package from participating in Cadet or Junior Duals.

**\*\*\*\*Must include copy of valid USA card and copy of birth certificate\*\*\*\***

Please check the TXUSA Wrestling-National Team webpage for updates: [www.txusaw.com/National\\_Teams.html](http://www.txusaw.com/National_Teams.html)

It is the wrestlers' responsibility to report any changes to the wrestlers' ability to compete in the qualifying process for the team, and must be communicated in advance via email to the FS/GR Director, Jason Nickal

Info:

**Cadet: (Born 1995-1996)** 84, 91, 98, 105, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285

**Junior: (Born 9/1/1991 or Later, plus enrolled in grades 9-12)** 98, 105, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285

Dates: Camp at Allen HS, July 13-14, 10am-4pm. Depart for tournament, July 15. Fargo, ND. The complete schedule will be posted on the TXUSA Wrestling website.

Make check to:

**Tx USA Wrestling- Fargo**  
c/o Jason Nickal  
1102 Springfield Ln  
Allen, TX 75002

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Weight Class** \_\_\_\_\_

USA Card # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

**\*\*Email address\*\*** \_\_\_\_\_

Parent signature \_\_\_\_\_ Wrestler signature \_\_\_\_\_

Questions call: Jason Nickal at 505-401-8489 or [txusawr@gmail.com](mailto:txusawr@gmail.com)

**Congratulations! You are now qualified for Team Texas's trip to USA Wrestling's Cadet and Junior National Championships. This will be held at the University of North Dakota in Fargo the week of July 15-23, 2011.**

- **To ensure your eligibility for this event, you and your parents must complete all forms.**
- **You must maintain a payment schedule and complete payments by July 1.**
- **You must travel with the team.**
- **Registration is at TXUSA State tournament on May 21-22 or by mail**
- **All balances must be paid before or on July 1.**
- **All signed forms must be presented at registration.**
- **Medical forms must be presented no later than July 1.**

### **Trip Dates and Contact Information**

**Cadet Dual Meet Championships- June 14-19, 2011.**

**Daytona Beach, FL**

**Team Leader Jason Nickal @ 505-401-8489**

**Junior Dual Meet Championships- June 23-27, 2011.**

**OKLAHOMA CITY, Oklahoma**

**Team Leader Jerry Best @ 214-244-9037**

**Asics / Vaughan Junior and Cadet National Championships – July 15-23, 2011.**

**Fargo, North Dakota**

**Team Leader – Jason Nickal @ 505-401-8489**

**Coach– Jerry Best @ 214-244-9037**

**State Chairman – Jim Dorsey @ 512-567-5072**

### **Estimated Costs**

#### **Fargo Trip:**

**Includes Training camp, Equipment Package, Transportation, Entry Fees, Room & Board.**

**Estimated Cost: \$ 850.00**

**\*Price can vary depending on number of participants, donations, fundraising, and cost of transportation.**

## TXUSA Equipment Information Sheet

**This must be completed as soon as possible to have the best chance to get equipment that you want. If not completed in time TXUSA reserves the right to substitute any equipment available to meet the minimum needs at the packaging price. Please print neatly in block letters.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Mailing Date of this form \_\_\_\_\_

TXUSA Uniform Package included in Cost of Trip		Extra Equipment order	
Red Singlet	(XS) (S) (M) (LG) (XL) (XXL)	(XS) (S) (M) (LG) (XL) (XXL)	\$55.00 X =
Blue Singlet	(XS) (S) (M) (LG) (XL) (XXL)	(XS) (S) (M) (LG) (XL) (XXL)	\$55.00 X =
Sublimated Shorts	(XS) (S) (M) (LG) (XL) (XXL)	(XS) (S) (M) (LG) (XL) (XXL)	\$30.00 X =
Long sleeve Shirt Size	(XS) (S) (M) (LG) (XL) (XXL)	(XS) (S) (M) (LG) (XL) (XXL)	\$20.00 X =
Short sleeve Shirt Size	(XS) (S) (M) (LG) (XL) (XXL)	(XS) (S) (M) (LG) (XL) (XXL)	\$10.00 X =
Back pack			\$35.00 X =
Blood Rag			\$5.00 X =
Total			Total =

**If ordering extra equipment you must have order and payment turned in by May 27<sup>th</sup>.**

Send Check payable to: TXUSA Wrestling

Mail to: Jason Nickal 1102 Springfield Ln., Allen TX 75002

## Parents Frequently Asked Questions

1. What is the best source of info- TXUSA Trips Website- [http://www.txusaw.com/Home\\_Page.php](http://www.txusaw.com/Home_Page.php)
2. WHEN WILL MY WRESTLER'S BUS LEAVE?
  - a. Although the exact time of your wrestler's departure may not be known at this time, the general rule of thumb is that it will leave two days before the first day of competition.. Generally, it will return the day after the finals.
  - b. Specific info will be listed on the web site as time goes on.
3. WHAT ARE MY WRESTLER'S RESPONSIBILITIES?
  - a. Each wrestler is required to sign a code of ethics/conduct upon registration. A copy of that code is in this packet. Parents should supervise the packing process to prevent embarrassment to all involved.
  - b. Each wrestler is required to stay with the team. Attendance at team meetings, workout sessions and wrestling is **required**. He is an important part of Team Texas.
4. WHO DO I CALL IN CASE OF EMERGENCY?
  - a. Phone numbers to be listed on web site. There will be different numbers while at camp and while in Fargo.
5. HOW MUCH MONEY DO I SEND WITH MY WRESTLER?
  - a. Wrestlers are encouraged NOT to bring too much cash. Meals and sleeping accommodations are provided. Send enough for souvenirs and snacks.
6. WHAT IF MY WRESTLER IS ELIMINATED FROM COMPETITION?
  - a. Your wrestler's status as a member of the team does not change upon elimination. They are still required to attend all team functions as before.
7. IF I ATTEND THE NATIONALS WHEN WILL I BE ABLE TO SEE MY WRESTLER?
  - a. Your wrestler will have hotel accommodations and will have an itinerary of team meetings, workout and wrestling sessions. There will be some release time and you may work out arrangements as long as the coaching staff is fully aware and all upcoming team issues are resolved.
8. ARE PARENTS ALLOWED ON THE FLOOR OF THE ARENA?
  - a. USA Wrestling has a strict policy about those who receive floor passes in the arena. No parent/HS or personal coach/etc will be allowed on the floor to watch, coach or film the wrestling.

# TXUSA Code of Conduct

## **ATHLETE PLEDGE**

I pledge to uphold the spirit of the TXUSA Code of Conduct (the “Code”), which offers a guide to my conduct as a member of Team Texas(the “Team”). I acknowledge that I have a right to a hearing if my opportunity to compete is denied or if I am charged with a violation of this Code.

I have familiarized myself with the Code and understand that acceptance of its provisions is a condition of my selection to the Team.

### **As a Member of the Team, I hereby promise and agree that I:**

- will abide by all rules related to the Team selection procedures as approved by TXUSA;
- have acted and will act in a sportsmanlike manner consistent with the spirit of fair play and responsible conduct; will maintain a level of fitness and competitive readiness that will permit my performance to be at the maximum of my abilities;
- will not commit a doping violation as defined by the International Olympic Committee (IOC), World Anti-Doping Agency (WADA), the United States Anti-Doping Agency (USADA), the United States Olympic Committee (USOC) or the USAW-USAW/NJ-FILA rules;
- am not currently serving a doping violation and/or do not have a pending or unresolved doping charge;
- will not engage in any conduct that is criminal under any laws applicable to me, including, but not limited to laws governing the possession and use of drugs, tobacco and alcohol and providing of drugs to any person and of alcohol to minors;
- am eligible to compete under the rules of USAW-TXUSA-FILA;
- will refrain from conduct detracting from my ability or that of my teammates to attain peak performance;
- will respect the property of others whether personal or public;
- will respect members of my Team, other teams, spectators and officials, and engage in no form of discriminatory behavior or verbal, physical or sexual harassment or abuse;
- will follow my Team’s rules, including by way of example, rules regarding curfew and required attendance at team meetings;
- am aware that TXUSA sponsors, suppliers and licensees provide critical support for the Team and, in recognition of this fact; I will wear designated TXUSA apparel at all official Team functions and events;
- will act in a way that will bring respect and honor to myself, my teammates, TXUSA and the United States; and will remember that at all times I am an ambassador for my sport, my country and the State.

**PARTICIPANTS' AFFIRMATION OF CODE OF CONDUCT**

**I have read and accept this Code of Conduct. I agree to the rules, guidelines, jurisdiction and procedures stated in these documents as a condition of being selected to participate as a member of the Team.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PARENT/GUARDIAN CERTIFICATION  
(For Participants Under the Age of 18 as of Date of Signature)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Relationship (Parent or Guardian)**

# TEXAS USA Wrestling

## Bag Check Authorization and Certification

This memorandum of agreement is between USA Wrestling Texas and the prospective Team Texas Member and Parent or legal Guardian named below.

By signing the following We, \_\_\_\_\_  
(hereafter known as "Wrestler") and \_\_\_\_\_  
(Parent or Legal Guardian of "Wrestler" and hereafter known as "Guardian") understand that in order to participate in any Team Texas event sponsored by USA Wrestling, Wrestler and Guardian will abide by the following rules and guidelines:

1. Wrestler will sign and abide by the Code of Conduct issued by USA Wrestling Texas.
2. Wrestler will not carry or have among Wrestler's belongings any type of tobacco, alcohol, drugs, pornography, guns, knives, weapons or otherwise objectionable material or illegal contraband to any USA Wrestling Texas event or trip.
3. Guardian will not knowingly allow Wrestler to bring any type of tobacco, alcohol, drugs, pornography, guns, knives, weapons or otherwise objectionable material or illegal contraband to any USA Wrestling Texas event or trip.
4. Guardian will inspect Wrestler's personal belongings and baggage immediately before departure on any Team Texas event or trip.
5. Wrestler and Guardian will allow the officials of USA Wrestling Texas to inspect Wrestler's luggage, personal belongings, coolers or lodging before boarding, the transportation to the event or during or immediately after exiting the transportation from or to a trip or event. This inspection shall be made by an official, coach or team leader of USA Wrestling Texas (Hereafter known as "Official"). Said purpose of inspection shall be to ensure that there are no tobacco, alcohol, drugs, pornography, weapons, and illegal contraband or stolen items on the person or in the possession of Wrestler. If said materials are discovered, Wrestler will allow the Official to confiscate this contraband immediately.
6. Wrestler and Guardian will abide by the disciplinary procedures invoked by the officials of USA Wrestling Texas if illegal, banned or otherwise objectionable items are discovered upon Wrestler's person, lodging or personal belongings.
7. Guardian will authorize and reimburse the Officials of USA Wrestling Texas to return Wrestler by any typical means of ground, sea or air transportation if any illegal, banned or otherwise objectionable items are discovered upon Wrestler's person, lodging or personal belongings.

**BY SIGNING BELOW, THE ABOVE REFERENCED AGREEMENT IS UNDERSTOOD AND HEREBY  
ACCEPTED AND AGREED TO BY THE WRESTLER AND THE PARENT OR LEGAL GUARDIAN  
NAMED IN THIS DOCUMENT.**

\_\_\_\_\_  
Wrestler

\_\_\_\_\_  
Parent/Guardian



## Medical Information & Waiver Forms

This packet contains medical information forms and a sample waiver and release from liability form. In today's climate of insurance claims and liability action, the use of these forms is mandatory by your club and/or league.

### Parent's Medical Instructions

This form can give your club coach or administrator instructions on how to proceed if an athlete becomes injured or ill and needs emergency treatment.

### Medical History Questionnaire

If you are traveling and one of your athletes needs medical attention, this information can be of great value to an attending physician.

The parent's Medical Instruction and the Medical History Questionnaire for each athlete should be kept in a sealed envelope with his name on the outside in or with the club's medical kits. It is recommended that the kit also should have a list of emergency phone numbers for each club member, along with the standard 911, police, ambulance, fire, etc., phone numbers.

### Participant's Waiver and Release From Liability Form

This form provides the club administration a copy of a standard participant's waiver and release from liability form. It is mandatory that club administrators have this form signed in addition to the form attached to the membership card. **Failure to obtain a waiver and release on members will result in a loss of insurance coverage.**

Please keep medical forms for no less than 18 months.

You must keep all Waiver and Release forms for 7 years.

# USA WRESTLING

## PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please indicate another person to call if an accident occurs and we are unable to reach you:

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Is your child presently on medication? \_\_\_\_\_ If yes, please list medication (s):

\_\_\_\_\_

Drug Sensitivities \_\_\_\_\_

Other Allergies \_\_\_\_\_

Date of your child's last complete physical examination by a medical doctor \_\_\_\_\_  
*If this is more than one year ago, please complete the accompanying medical history questionnaire.*

Please read the alternative statements below and sign under the one that you choose. Sign only one!  
1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Wrestler's USA Wrestling Card No. \_\_\_\_\_

Name of Club \_\_\_\_\_

Coach's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

# USA Wrestling

## MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name: \_\_\_\_\_ USA Card No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

- Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s) \_\_\_\_\_
- Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed  
\_\_\_\_\_
- Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.  
\_\_\_\_\_
- Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?
- Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly \_\_\_\_\_
- Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.  
Heart disease (rheumatic fever)    Liver disease (hepatitis)  
Kidney disease (infections)        Lung disease (pneumonia)
- Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly \_\_\_\_\_
- Yes No 9. Do you presently have an unrepaired hernia?
- Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each \_\_\_\_\_
- Yes No 11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each \_\_\_\_\_
- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury. \_\_\_\_\_
- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:  
Permanent bridge                      Permanent crown or jacket  
Braces Full plate                      Removable partial plate  
Permanent retainer                      Removable retainer

PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU.

- Yes No 14. Do you wear contact lenses during competition?
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened \_\_\_\_\_
- Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury.  
\_\_\_\_\_
- Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.  
\_\_\_\_\_  
\_\_\_\_\_
- Yes No 18. Have you ever had an injury to your back?
- Yes No 19. Do you experience Pain in your back? If yes, indicate frequency:  
Seldom      Occasionally      Frequently      With vigorous exercise      With heavy lifting
- Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result?
- Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?
- Yes No 22. Have you ever been advised to have surgery to correct a knee problem?
- Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date \_\_\_\_\_
- Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?
- Yes No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:  
\_\_\_\_\_
- Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:  
\_\_\_\_\_  
\_\_\_\_\_

*The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.*

Wrestler's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_