

COMPETITION TRAINING CAMP

There will be a training camp April 30th - May 4th at the Olympic Training Center for the FILA Cadet, FILA Junior and University divisions. Anyone who is interested in participating **MUST** contact Jaimie McNab with USA Wrestling National Teams at 719/598-8181 by **FRIDAY, MARCH 31st**.

EVENT SCHEDULE

	Start	Finish
Friday, May 5		
Registration - All divisions	6:00 pm	8:00 pm
Pairing Officials Clinic & Tournament Setup - FILA Junior	7:00 pm	Conclusion
FILA Junior Medical Check/Weigh-ins (See Weigh-in Procedures)	7:30 pm	8:00 pm
Saturday, May 6		
Girl's FS (Grades 3-8) Registration	9:00 am	10:00 am
FILA Junior - Session I	9:00 am	12:00 pm
***Girl's FS (Grades 3-8) Medical Check/Weigh-ins (See Weigh-in Procedures)	10:00 am	10:10 am
Tournament Setup - Girl's FS	10:00 am	11:30 am
FILA Junior - Session II	1:00 pm	Conclusion
Girl's FS (Grades 3-8) Preliminaries thru Finals	1:00 pm	Conclusion
Registration - FILA Cadet & University	6:00 pm	7:00 pm
FILA Cadet & University Weigh-ins/Medical Check (See Weigh-in Procedures)	7:00 pm	7:30 pm
Tournament Setup - FILA Cadet & University	7:00 pm	Conclusion
Sunday, May 7		
FILA Cadet and University Preliminaries thru Finals (Breaks scheduled as necessary)	9:00 am	Conclusion

***Girls' division wrestlers (Grades 3-8) must be present at the start of weigh-ins

Sessions and schedule subject to change

For specific event procedures or scheduling, contact USA Wrestling National Events at 719/598-8181

Pre-register online at
www.themat.com and save on entry!!!
Online registration closes Tuesday, May 2nd

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 USA Wrestling



USA Wrestling
Attn: Pete Isais
6155 Lehman Drive
Colorado Springs, CO 80918



BODY BAR WOMEN'S NATIONAL CHAMPIONSHIPS

University, FILA Junior and FILA
Cadet Divisions
with Girls' Freestyle Nationals

MAY 5-7, 2006
UNITED STATES
OLYMPIC TRAINING CENTER
COLORADO SPRINGS, CO

Event Director: Pete Isais

Phone: (719) 598-8181

Email: pisais@usawrestling.org

REGISTER ONLINE AT



GENERAL INFORMATION

ENTRY: All MEDICAL, WAIVER and OTC FORMS must be accurately completed and filed at registration. Athletes are encouraged to register online at www.themat.com until 6:00 pm (MST) on Tuesday, May 2nd. Entry fee for participants registering online will be \$30 (per division). Entry fee for participants registering at the door will be \$40 (per division). All fees, including online entries, will be paid during the specified registration times. Please make checks payable to "USA Wrestling." Register online and save!!!

INDIVIDUAL AWARDS: In the University division, the top four (4) place winners will be awarded attractive wooden plaques and the 5th & 6th place winners will receive medals. In the FILA Cadet and FILA Junior divisions, the top three (3) place winners will be awarded attractive wooden plaques and place winners 4-6 will receive medals. Medals will be awarded to the top four (4) place winners in each weight class in the Girl's divisions. Outstanding Wrestler awards in the FILA Cadet, FILA Junior and University divisions.

TEAM AWARDS: Attractive wooden plaques to the top two team winners in the University Division. Only USA Wrestling Member Clubs are eligible to enter team rosters. Each club/team must submit a \$75.00 entry fee per team/per style along with team/club roster at registration. Points are scored 6-5-4-3-2-1 for the top six (6) place winners at each weight class.

RULES: For all divisions, the rules of FILA, with USA Wrestling modifications where applicable, will govern the event and the competition.

UNIFORMS: Red and blue collegiate/girl's singlets, or red/blue reversible collegiate/girl's singlet with underbriefs required. A sleeveless sport top is to be worn under the singlet (no t-shirts).

PAIRINGS: Blind draw by contestants at registration. Separation of wrestlers from the same state. For the University and FILA Junior divisions, separation of wrestlers from the same club. The two pool system will be employed in all divisions with six or more entrants in any given weight class.

COACHING: Floor pass required. Coaches floor passes will only be issued to those individuals with a current USAW Coach's Membership Card and who are a minimum USAW NCEP Copper certified. Coach's Membership Cards should be obtained from your state office prior to the event. Two certified coaches max. in each competitor's corner. To videotape any match at mat-side, the operator must be one of the two certified coaches in the corner. Only coaches with a current USAW Coach's Membership Card AND who are USAW NCEP certified are entitled to free admission.

MEDICAL INFORMATION: Athletes must be present in a COMPETITION SINGLET and must submit to a skin disease screening prior to weigh-ins. The chief medical officer has full authority without appeal in determining the eligibility of an athlete to compete. In the event of injury or illness, no contestant will be permitted to continue the competition without approval of the Chief Medical Officer, whose decision is final and not subject to appeal.

WEIGH-INS: Athletes must weigh in during the OFFICIAL weigh-in for EACH style registered. Wrestlers participating in the Girls' division (Grades 3-8) must be present at the start of weigh-ins and may not leave the weigh-in area. All wrestler's must be dressed in a COMPETITION SINGLET for weigh-ins and no weight allowance is given for the singlet.

#FILA CADET: All FILA Cadets PARTICIPATING in this event are eligible for an international wrestling tour (Germany and Austria; May 31-June 17). USA Wrestling will partially subsidize the trip for the highest placing athlete in each weight class that goes on the tour. ***Due to travel and time constraints, individuals INTERESTED in this tour MUST contact Coach Izzy at USA Wrestling (719/598-8181) or Wade Genova of World Sports Alliance (719/265-6005 or wade@wrestlingtours.com) by **FRIDAY, APRIL 21ST**.

#FILA JUNIOR: Champions qualify to represent the United States at the 2006 FILA Junior World Championships in Guatemala City, Guatemala; August 29-September 3. The FILA Junior World Championships and all related camps and competitions are fully subsidized. In order to compete at the **FILA Junior World Championships**, all athletes must:

- Attend the competition and training camp at the 2006 Canada Cup in Guelph, Canada; July 6-16
- Attend the FILA Junior World Team training camp in Colorado Springs, CO; August 12-23

#UNIVERSITY: Finalists qualify for the 2006 Senior World Team Trials to be held in Colorado Springs, CO; June 29-30. Champions qualify to represent the United States at the 2006 University World Championships in Oulan Bator, Mongolia; June 15-20. The University World Championships is a partially subsidized competition. Other rules may apply to representing the United States at the University World Championships --- for more information, contact the USA Wrestling National Teams department at 719/598-8181. In order to compete at the **University World Championships**, all athletes must attend the **University World Team training camp in Marquette, MI; June 1-9.**

#If the champion in any weight class of the FILA Junior and/or University divisions chooses not to participate in the World Championships, the second place finisher shall have the option to train for and compete in the World Championships. This process shall continue until a representative for the World Team is determined in each weight class. Participants in all non-FILA weight classes contested at the Body Bar Women's National Championships are ineligible for World Team selection. Information regarding the **World Championships will be provided by USA Wrestling's National Team coaches upon the completion of the event .**

ACCOMMODATIONS

OLYMPIC TRAINING CENTER

Athletes have the opportunity to stay on the Olympic Training Center complex during the training camp and Body Bar National Championships. Priority will be given to funded access athletes and based on availability. For questions or to reserve your room, you MUST contact Jaimie McNab with USA Wrestling National Teams at 719/598-8181 by **FRIDAY, MARCH 31ST**.

ADDITIONAL ACCOMMODATIONS

For information on Colorado Springs hotels and area attractions, visit www.experiencecoloradosprings.com or contact Jean Watson with the Colorado Springs Convention and Visitors bureau at 800-888-4748 (ext. 142).

ELIGIBILITY, AGE GROUPS & WEIGHT CLASSES

All contestants must present proof of current USA Wrestling Membership Card at registration. Membership cards should be acquired from the State Chairperson or State Membership Director of the contestant's state of residence, but will be available for purchase at registration. Secondary sports accident insurance is provided as a benefit of membership. No pre-qualification required.

Membership is available for purchase online at www.themat.com. Click on the "Membership" link located in the "USA Wrestling" box and follow the instructions.

Medical, waiver and OTC forms available at www.themat.com.

Girls' Freestyle Nationals (Grades 3-6): Girls currently enrolled in grades 3-6 (three-year maximum age difference); weight classes to be determined after weigh-ins using blocked weight system within 12% of each competitors body weight.

Girls' Freestyle Nationals (Grades 7-8): Girls currently enrolled in grades 7-8; weight classes to be determined after weigh-ins using blocked weight system within 12% of each competitors body weight.

Women's FILA Cadet: Born 1989-1990; Wrestlers born in 1991 may compete with a written statement from a medical officer attesting the athlete is of sufficient physical and emotional maturity to compete at this level; 36-38 kg/79.25-83.75 lbs., 40 kg/88 lbs., 43 kg/94.75 lbs., 46 kg/101.25 lbs., 49 kg/108 lbs, 52 kg/114.5 lbs., 56 kg/123.25 lbs., 60 kg/132.25 lbs., 65 kg/143.25 lbs., 70 kg/154.25 lbs., ***78 kg/170 lbs., ***84 kg/185 lbs., ***100 kg/220 lbs.

#Women's FILA Junior: Born 1986-1988; Wrestlers born in 1989 may compete with a written statement from a medical officer attesting the athlete is of sufficient physical and emotional maturity to compete at this level; 40-44 kg/88-97 lbs., 48 kg/105.75 lbs., 51 kg/112.25 lbs., 55 kg/121.25 lbs., 59 kg/130 lbs., 63 kg/138.75 lbs., 67 kg/147.5 lbs., 72 kg/158.5 lbs., ***79.5 kg/175 lbs.

#Women's University: Born 1982-1988; Wrestler's class must have graduated from high school; 48 kg/105.5 lbs., 51 kg/112 lbs., 55 kg/121 lbs., 59 kg/130 lbs., 63 kg/138.5 lbs., 67 kg/147.5 lbs., 72 kg/158.5 lbs., ***77 kg/169.5 lbs.

***Not a FILA World contested weight class

#The FILA Junior and University divisions are open only to U.S. citizens eligible to represent the USA at 2006 World-level competitions. Athlete must be a U.S. citizen prior to the start of this event.

**2006 U.S. Senior Women's
World Team Trials
Colorado Springs, CO; June 29-30**
For event information, visit
www.themat.com

**USA WRESTLING 2006 BODY BAR WOMEN'S
NATIONAL CHAMPIONSHIPS ENTRY FORM**
-PLEASE PRINT CLEARLY-

Name _____
 USAW Card # _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ Birthdate _____
 E-mail _____
 Weight Class _____
 School/Club _____

**Please check the the age-group(s) you plan on
participating in.**

- GIRLS' FS NATIONALS: Grades 3-6
 GIRLS' FS NATIONALS: Grades 7-8
 WOMEN'S FILA CADET (Born 1989-90; 1991 with a medical certificate)
 WOMEN'S FILA JUNIOR (Born 1986-88; 1989 with a medical certificate)
 UNIVERSITY (Born 1982-88; Wrestler's class must have graduated from high school)

CONSENT AND RELEASE

In consideration for the opportunity to participate in the BODY BAR WOMEN'S NATIONAL CHAMPIONSHIPS (the "Event") the undersigned and his/her parent or guardian, if applicable ("Competitor") hereby acknowledges that the "Event", and related activities and performances, may be televised live and/or videotaped for broadcast, cablecast, home video entertainment and/or any other use or distribution (collectively, "Dissemination") in a manner not inconsistent with applicable rules or The United States of America Wrestling Association, Inc., d/b/a USA Wrestling, Inc. ("USAW") and/or the Fédération Internationale des Luttes Associees ("FILA") and hereby consents that USAW, for purposes of USAW's athletics/sports programs and related events and activities, and any television network, production company or any other parties with which USAW has agreements for such purposes, and/or their licensees,

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 purpose of advertising, promoting and publicizing the events and activities of USAW and the program and/or any 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 USAW and its officers, directors, agents, employees and licensees from any claim of any nature based upon or arising out of any Dissemination or other permitted uses contemplated by this Consent and Release.

Signature of Competitor Date _____

Signature of Parent or Guardian Date _____

MEDICAL CONSENT

Name of Primary Insurance Company: _____

 Policy # _____
 Address _____
 Family Doctor _____
 Phone _____
 Presently on any medication? _____
 If yes, please list medication(s) _____

 Drug Sensitivities or Allergies _____

 Special Medical Conditions _____

Please indicate another person to call in case of emergency:
 Name _____
 Phone _____

**Parent or Guardian of minor must read and
complete the following:**

Without this signed authorization from the parent/ guardian, hospitals in many states are obligated by law to delay 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 being 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 received: _____

***COMPETITOR ACKNOWLEDGES THAT COMPETITOR HAS
HAD SUFFICIENT OPPORTUNITY TO REVIEW THE
PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS
PURPOSE, MEANING AND INTENT.***

Print Name of Competitor

Signature of Competitor Date _____

Signature of Parent or Guardian Date _____

**ASSUMPTION OF RISK, CODE OF CONDUCT,
WAIVER AND RELEASE OF LIABILITY**

IN CONSIDERATION FOR the opportunity to participate in the EVENT described below, PARTICIPANT acknowledges, agrees and affirms the following:

1. The following words used in this document will have the meaning indicated:

- A. "EVENT" shall mean the BODY BAR WOMEN'S NATIONAL CHAMPIONSHIPS.
- B. "USAW" shall mean The United States of America Wrestling Association, Inc., d/b/a USA Wrestling, Inc., and its directors, officers, members, employees, officials, committees, clubs, affiliates, agents and their successors and assignees.
- C. "EVENT ORGANIZER" shall mean a club, local organizing committee or any other person or entity responsible for hosting, conducting, and/or sponsoring the EVENT, including any director, officer, member, official, committee or agent thereof and their successors and assignees.
- D. "PARTICIPANT" shall mean the undersigned individual who competes or is involved in the EVENT and his/her parents, legal guardians, heirs, personal representatives and their successors and assignees.
- E. "PERSONAL INJURY" shall mean and include any bodily injury; permanent, temporary, total or partial disability; paralysis; dismemberment; or death.
- F. "PROPERTY DAMAGE" shall mean and include damage or destruction to PARTICIPANT'S gear, equipment and all other personal property or belongings.
- G. "MEDICAL TREATMENT" shall mean and include all emergency medical treatment, medical procedures, hospitalization or other care rendered to PARTICIPANT in connection with or resulting from his/her participation in EVENT.
- H. "LOSS" shall mean and include any and all liabilities, losses, damages and claims (including reasonable costs and attorneys' fees), which are suffered or result directly or indirectly from PERSONAL INJURY, PROPERTY DAMAGE and/or MEDICAL TREATMENT to PARTICIPANT, or others, and which are incurred during or in the course of PARTICIPANT'S preparation for, participation and involvement in, and travel to or from the EVENT or the conduct and management of the EVENT.

- 2. By issuing a sanction for the EVENT, USAW is not responsible or liable for the management or conduct of the EVENT, unless USAW has otherwise expressly agreed in writing to serve in such role.
- 3. PARTICIPANT understands and appreciates the risks of serious injury that may occur in the sport of wrestling or in the course of preparing for, participating in and traveling to or from the EVENT, and that such activities may involve risks, including PERSONAL INJURY.
- 4. PARTICIPANT knowingly and voluntarily assumes all such risks of LOSS and all legal and financial responsibility therefore.
- 5. USA Wrestling (USAW) is committed to providing a safe environment for its members, participants, coaches, officials and volunteers and to prevent abusive conduct and harassment in any form while participating in the activities of USAW. USAW promotes good sportsmanship throughout the organization and encourages qualities of mutual respect, courtesy and tolerance in all members, participants, coaches, officials, staff and volunteers. USAW advocates building strong self-images among participants. Athletes with a strong self-image may be less likely targets for abuse or harassment; similarly, they may be less likely to engage in abuse or to harass or bully others around them.

To this end, USAW has established the following guidelines of behavior. All members of the organization, as well as parents, spectators and other invitees are expected to observe and adhere to these guidelines.

Harassment and abuse are defined in various sources such as state law, case law, sports organization and professional association codes of conduct and training manuals, corporate and business workplace documents and human rights commission materials. USAW has not adopted any specific definition of harassment or abuse, choosing instead to defer to such general sources and definitions for reference and application, depending on the circumstances. As further elaboration of examples given above, the following generally describe conduct that may be considered harassment or abuse:

- Any improper or inappropriate comment, action or gesture directed toward a person or group that is related to race, ethnicity, national origin, religion, age, gender, sexual orientation, disability or other personal characteristic.
- Creating an environment through behavior or course of conduct that is insulting, intimidating, humiliating, demeaning or offensive.
- Harassment usually occurs when one person engages in abusive behavior or asserts unwarranted power or authority over another, whether intended or not, and may include, for example,

name-calling, threats, belittling, unwelcome advances and requests for sexual favors (as well as undue pressure to perform or succeed).

- Harassment includes child abuse.

- Child abuse can include physical contact – or the threat of it – that intentionally causes bodily harm or injury to a child. This may include, for example, hitting, shaking, kicking, shoving, forcing an athlete to wrestle when injured or mandating excessive exercise as a form of punishment. It may also include touching for the purpose of causing sexual arousal or gratification that involves a child, rape, incest, fondling, exhibitionism and sexual exploitation. It may also include chronic attacks on a child's self-esteem, such as psychologically destructive behavior consisting of ridiculing, screaming, swearing, racist comments, threatening, stalking, hazing and isolating.

- 6. PARTICIPANT releases, waives any claims and promises not to sue the EVENT ORGANIZER and/or USAW with respect to any LOSS incurred during or in connection with his/her participation in the EVENT, any activities associated with the EVENT and the conduct and management of the EVENT (including as may result from the negligence of the EVENT ORGANIZER), except any LOSS which is the result of gross negligence and/or willful or wanton misconduct by the EVENT ORGANIZER. PARTICIPANT further agrees to hold harmless and indemnify the EVENT ORGANIZER and/or USAW from any claims brought against the EVENT ORGANIZER and/or USAW resulting from, arising out of or in any way associated with any LOSS.
- 7. Prior to participating in the EVENT, PARTICIPANT shall have the right to inspect the facilities and equipment to be used and, if PARTICIPANT discovers any condition which he/she reasonably believes to be unsafe, PARTICIPANT will immediately cause EVENT officials to be notified of such condition and will not participate in the EVENT so long as such condition exists.

BY SIGNING THIS DOCUMENT, PARTICIPANT ACKNOWLEDGES HAVING READ AND UNDERSTOOD ITS MEANING AND CONTENTS.

Print Name of Competitor

Signature of Competitor

Date

Signature of Parent or Guardian

Date

UNITED STATES OLYMPIC COMMITTEE

Authorization For Release of Information

Information About the Use or Disclosure

I hereby authorize the use or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Athlete name _____ Social Security/ID Number: _____

Persons/organizations authorized to provide the information include the United States Olympic Committee’s Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and:

Persons/organizations authorized to receive the information include the United States Olympic Committee’s Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and: _____

Specific description of information to be used or disclosed (including date(s)): includes all medical information, including sport science testing and evaluations (physiological, biomechanical, and psychological) which may impact my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless specified to the contrary as follows: _____

Specific purpose of the disclosure (*note that “as requested by me” is an acceptable purpose if you do not wish to state a specific purpose*): To allow the evaluation of my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless otherwise specified as follows:

This authorization will expire one year from the date hereof unless otherwise indicated as follows: (indicate date, or an event relating to you personally or to the purpose of the authorization) _____

Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state law. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization.

I have read this Authorization for Release of Information, fully understand its terms, and sign it freely and voluntarily without any inducement.

Athlete's Signature _____

Athlete's Name (Printed) _____

Date _____

FOR ATHLETES OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility and authority for this Athlete, do consent and agree not only to his/her authorization, but also for myself/ourselves, and my/our heirs, assigns and next of kin to authorize such release of information

Parent/Legal Guardian Signature _____

Date _____

Parent/Guardian Name (Please print) _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION



UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Program Name: _____ Program # _____ Check-in Date _____

BIOGRAPHICAL INFORMATION

Name: _____
LAST FIRST MIDDLE

Zip: _____

Social Security Number: XXX-XX-_____ Birth Date: _____ Gender: ___ Male ___ Female

(Last four digits of SSN and birthdate required. Used for OTC filing purposes only)

US Citizen: Yes No If No, what nationality? _____

GUEST TYPE

Please check your guest type for this program.

___ Athlete ___ Coach ___ Official ___ NGB Administrator
___ Staff ___ Trainer ___ Intern ___ Other: _____

SKILL LEVEL

___ Olympic Caliber ___ Jr National ___ Coach/Medical/Administrative
___ National Caliber ___ Development

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Phone Number: _____

OLYMPIC TRAINING CENTER ATHLETE MEDICAL HISTORY QUESTIONNAIRE

NAME:	_____	SPORT:	_____
DATE OF BIRTH:	_____	SEX: FEMALE	_____ MALE _____
ADDRESS:	_____ _____		
CITY:	_____	STATE:	_____ ZIP: _____
EMERGENCY CONTACT:	_____		
PHONE: (_____)	_____		

Please circle "Yes" or "No" and provide additional details where requested on this form.

All information will be confidential.

1. Have you had a medical illness or injury since your last check up or sports physical? Yes No
(List _____)
2. Do you have an ongoing or chronic illness? Yes No
3. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? Yes No
(List _____)
4. Do you have any food allergies? Yes No
(List _____)
5. Do you have any seasonal allergies that require medical treatment? Yes No
(List _____)
6. Are you allergic to insect bites or stings? Yes No
(List _____)
7. Do you take any over the counter medication(s)? Yes No
(List _____)
8. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, anti-inflammatories, antibiotics, etc.)? Yes No
(List _____)
9. Do you use an inhaler? Yes No
(List _____)
10. Do you take any over the counter dietary supplements (herbs, vitamins, minerals, protein)? Yes No
(List _____)
11. Have you ever taken any dietary supplements or vitamins to help you gain or lose weight or improve your performance? Yes No
(List _____)
12. Do you ever have chest tightness? Yes No

- | | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 13. | Do you ever have wheezing? | Yes | No |
| 14. | Do you ever have itchy eyes? | Yes | No |
| 15. | Do you ever have itching of the nose or throat or sneezing spells? | Yes | No |
| 16. | Does running ever cause chest tightness or cough or wheezing or prolonged shortness of breath? | Yes | No |
| 17. | Have you ever had chest tightness, cough, wheezing, asthma or other chest (lung) problems which made it difficult for you to perform in sports? | Yes | No |
| 18. | Have you ever missed school, work or practice because of chest tightness or cough or wheezing or prolonged shortness of breath? | Yes | No |
| 19. | If you have been told you have asthma, what medication(s) have you taken to treat it?
(List _____) | | |
| 20. | Have you ever had a rash or hives develop during or after exercise? | Yes | No |
| 21. | Have you ever had a seizure?
(List medication(s) _____) | Yes | No |
| 22. | Have you ever been told that you have epilepsy?
(List medication(s) _____) | Yes | No |
| 23. | Do you have or have you ever been treated for diabetes?
(List medication(s) _____) | Yes | No |
| 24. | Have you ever been told that you were anemic?
(When _____) | Yes | No |
| 25. | Have you ever been told that you have sickle cell anemia? | Yes | No |
| 26. | Have you ever been told by a physician you have the sickle cell trait? | Yes | No |
| 27. | Have you ever become ill from exercising in the heat? | Yes | No |
| 28. | Have you ever passed out in the heat? | Yes | No |
| 29. | Have you ever had heat or muscle cramps? | Yes | No |
| 30. | Have you ever been told to give up sports because of health problem? | Yes | No |
| 31. | Has anyone in your family under age 50 died suddenly?
Explain _____ | Yes | No |
| 32. | Do you have or have you ever had high blood pressure?
(List medication(s) _____) | Yes | No |
| 33. | Do you have or have you ever had high cholesterol? | Yes | No |
| 34. | Do you have trouble breathing or do you cough during or after activity? | Yes | No |
| 35. | Have you ever been dizzy during or after exercise? | Yes | No |
| 36. | Have you ever fainted or passed out when exercising? | Yes | No |

37. Have you ever had chest pain during or after exercise? Yes No
38. Do you have or have you ever had racing of your heart or skipped heartbeats? Yes No
39. Do you get tired more quickly than your friends do during exercise? Yes No
40. Do you have or have you ever been told you have a heart murmur? Yes No
(Give date(s) _____)
41. Do you have a heart arrhythmia? Yes No
(List medication and dosage _____)
42. Do you have a family history of heart disease? Yes No
Describe _____
43. Do you have any other history of heart disease? (angina, arrhythmia, valve disease) Yes No
Describe _____
44. Have you had a severe viral infection (for example myocarditis or mononucleosis) Yes No
within the last month?
45. Do you have or have you ever had rheumatic fever? Yes No
(Give date(s) _____)
46. Do you have or have you ever had lung disease (pneumonia)? Yes No
(Give date _____)
47. Do you have or have you ever had kidney disease (infections)? Yes No
(Give date(s) _____)
48. Do you have or have you ever had liver disease (mononucleosis, hepatitis)? Yes No
(Give date(s) _____)
49. Do you or have you ever had a hernia or “rupture”? Yes No
Has it been repaired? Yes No
50. Do you have any current skin problems (for example, itching, rashes, acne, warts, Yes No
fungus, or blisters)?
51. Have you been “knocked out,” become unconscious, or lost your memory? Yes No
(Give date(s) _____)
52. Have you had a concussion or other head injury? Yes No
(Give date(s) _____)
53. Have you ever had your head or neck x-rayed? Yes No
54. Have you stayed overnight in a hospital due to head injury? Yes No
(Give date(s) _____)
55. Do you have frequent or severe headaches? Yes No
56. Have you ever had a neck injury involving bones, nerves or discs that disabled Yes No
you for a week or longer?
(Type of injury _____ Dates _____)

57. Have you ever had numbness or tingling in your arms, hands, legs, or feet? Yes No
58. Have you ever had a stinger, burner, or pinched nerve? Yes No
59. Have you ever injured your back? Yes No
(Type of injury _____ Dates _____)
60. Do you have back pain? Yes No
(Circle those which apply: seldom / occasionally / frequently / with vigorous exercise / with heavy lifting)
61. Do you want to weigh more or less than you do now? Yes No
62. Do you lose weight regularly to meet weight requirements for your sport? Yes No
63. Do you feel stressed out? Yes No
64. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, circle which apply and explain. Yes No
(head / neck / back / chest / shoulder / upper arm / elbow / forearm / wrist / hand / finger / hip / thigh / knee / shin/calf / ankle / foot)

65. Have you had a broken bone or fracture? R or L Yes No
(What bone(s) _____ Dates _____)
66. Have you had a shoulder injury that disabled you for a week or longer (dislocation, separation, etc.)? Yes No
(Type of injury _____ Dates _____)
67. Have you ever had a shoulder surgery? R or L Yes No
(What was done & why _____ Dates _____)
68. Does your shoulder routinely/occasionally dislocate (come out of place)/sublux?
69. Have you injured your knee? R or L Yes No
70. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? R or L Yes No
(Give date(s) _____)
71. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? R or L Yes No
(Give date(s) _____)
72. Have you ever had knee surgery? R or L Yes No
(What was done _____ Dates _____)
73. Have you had a severe ankle sprain? R or L Yes No
74. Do you have a pin, screw or plate in your body? Yes No
(Where in your body _____ Dates _____)
75. Have you had any surgery? Yes No
(Specify and give details: _____)

76. Do you use any special protective or corrective equipment or devices that are not usually used for your sport (for example, knee brace, special neck roll, foot orthotics, hearing aid)? Yes No
77. Have you had any problems with your eyes or vision? Yes No
78. Do you wear glasses, contacts or protective eyewear during competition? Yes No
79. Do you have a hearing loss? R= _____ L= _____ Yes No
 % of hearing loss? R= _____ L= _____
 Do you use an appliance? _____ Type? _____
80. Do you wear any of the following dental appliances? Yes No
 (Circle those which apply: permanent bridge / removable retainer / removable partial plate
 permanent crown or jacket / braces / permanent retainer / full plate)
81. Are you missing one of a set of paired organs (kidney, eyes, etc.)? Yes No
 (List _____)
82. Do you now or have you ever had herpes? Yes No

FEMALES ONLY

83. When was your first menstrual period? _____
84. When was your most recent menstrual period? _____
85. How much time do you usually have from the start of one period to the start of another? _____
86. How many periods have you had in the last year? _____
87. What was the longest time between periods in the last year? _____
88. Are you pregnant, or do you suspect that you may be pregnant? Yes No

(If the answer is "Yes," this does not necessarily preclude your participation from your sport, however you must present a clearance form from your physician stating that your sport participation will not be detrimental to the pregnancy.)

89. Do you have any other conditions that we should be aware of (i.e. ulcers, tendonitis, etc.)? Yes No
 (Specify and give details: _____

 _____)
90. Please give the date of your last immunizations:
 Tetanus _____ Polio _____ Hepatitis B _____
91. Please give the date of your last measles, mumps, rubella and chicken pox shots:
 Measles _____ Mumps _____ Rubella _____ Chicken Pox _____

92. Which of the following dietary supplements have you taken **during the past year**?
- | | |
|-----------------------------------------------------|-----------------------------------|
| _____ Multi-vitamin/minerals | _____ Protein drinks or bars |
| _____ Individual vitamin (e.g. vitamin C, etc.) | _____ Energy drinks or bars |
| _____ Individual mineral (e.g. iron, calcium, etc.) | _____ Creatine |
| _____ Protein powders or pills | _____ Amino acid pills or powders |
| _____ Herbals (e.g. Ginseng, Echinacea, etc.) | _____ Others – please list |
| | _____ |
| | _____ |
| | _____ |
93. If you took any dietary supplements during the past year, how frequently did you take them?
- | | |
|-------------------------------------------------------|----------------------------|
| _____ Daily | _____ Occasionally |
| _____ Once a week | _____ Several times a week |
| _____ Only at specific times (travel, training, etc.) | |
94. Check the reasons for using dietary supplements **during the past year**:
- | | |
|----------------------------------------------|---------------------------------|
| _____ To make up for an inadequate diet | _____ To lose weight |
| _____ To treat a medical condition or injury | _____ To have more energy |
| _____ To increase muscle mass/gain weight | _____ To enhance my performance |
| _____ To prevent illness and disease | _____ No specific reason |

I hereby state that the questions on this form have been answered completely and truthfully to the best of my knowledge.

_____ **Signature of athlete** _____ **Date**

Noteworthy medical conditions/issues as per USOC Medical Staff review:

_____ **Medical Staff signature** _____ **Date**