

**USA Wrestling 2007 Body Bar Women's
National Championships Entry Form**
(Please Print Clearly)

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

Please check the style under the age-group you plan on participating in. Make sure to read the event flyer for the age-groups that are competing.

GIRL'S FS NATIONALS

(Grades 3-6)

GIRL'S FS NATIONALS

(Grades 7-8)

WOMEN'S FILA CADET

(Born 1990-1991, 1992 with medical certificate)

WOMEN'S FILA JUNIOR

(Born 1987-1989, 1990 with medical certificate)

WOMEN'S UNIVERSITY

(Born 1983-1989 & athlete must have graduate 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 ("Participant") hereby acknowledges that the "Event," and related activities and performances, may be televised live and/or videotaped for broadcast, cable cast, 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 agree-

ments for such purposes, and/or their licensees, shall have the right, without any compensation to participant, to use Participant'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). Participant agrees, for and on behalf of Participant and Participant'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 Participant 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:

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

 Print Name of Participant

 Signature of Participant 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 Participant

Signature of Participant

Date

Signature of Parent or Guardian

Date

ANNUAL

PARTICIPANT CONSENT
TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the USOC and the USOEC at Northern Michigan University to provide me with medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA WRESTLING**. I authorize the USOC medical staff, under the supervision and protocol of the USOC physicians, to act as my agent to receive, procure, store, and issue any medications, which are prescribed for me. I understand that the medicines will be provided in non-child-safety resistant blister packs and will keep them out of the reach of children. In the event that emergency medical services are required, I hereby authorize the USOC to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between the USOC medical staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA WRESTLING**.

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC and the USOEC at Northern Michigan University.

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to the termination of my participation.

DRUG USE AND BLOOD DOPING

By registering at this USOTC and the USOEC at Northern Michigan University and in exchange for the privilege of participating in programs, I am consenting to be subject to drug testing (if selected) and the penalties applicable if found positive for a banned substance or employment of a banned method. I am aware that failure to comply with such testing will be cause for the same penalties as for those who test positive for a prohibited substance or method.

I know that if I have any questions about medications and banned substances or practices I may contact the U.S. Anti-doping Agency ("USADA") Drug Reference Line (1-800-233-0393) before, during or after my USOTC and the USOEC ant Northern Michigan University stay. I understand, however, that the USADA Drug Reference Line is only advisory and that I have the absolute obligation and sole responsibility to avoid the use of any product which may contain a banned substance. The USADA Drug Reference Line cannot be reached from abroad.

X
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of **USA WRESTLING** at this USOTC and the USOEC at Northern Michigan University, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this United States Olympic Training Center and the USOEC at Northern Michigan University. In the event that emergency medical services are required, I hereby authorize the USOC and the USOEC at Northern Michigan University to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X
Parent/Guardian Signature _____
Parent/Guardian Name (Please Print)

Date Signed: _____

Relationship: _____

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.

Participant's Name _____ Social Security/ID Number: XXX-XX-_____

Sport _____

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 remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) 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.

Participant's Signature _____

Participant'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



U.S. OLYMPIC TRAINING CENTER MEDICAL HISTORY QUESTIONNAIRE

NAME:

SPORT:

DATE OF BIRTH:

SEX:

EMERGENCY CONTACT:

PHONE NUMBER:

Please circle 'yes' or 'no' and provide additional details as requested on both sides of the form. All information is confidential.

- NO YES Are you allergic to any medications? (Aspirin, penicillin, sulfa, etc.) Please list: _____
- NO YES Are you allergic to any foods? Please list _____
- NO YES Are you allergic to insect bites/stings? Please list _____
- NO YES Are you allergic to any trees, plants, or animals? Please list _____
- NO YES Do you regularly take any over the counter and/or prescription medication? (steroids, birth control pills, anti-inflammatories, antibiotics, topical medications, sprays/inhalers, etc.) Please give reasons: _____
- NO YES Do you regularly take any vitamins, minerals, herbs, or other supplements? Please list _____
- NO YES Have you ever been told that you have (had) asthma or exercise induced asthma? List medications _____
- NO YES Have you ever had a seizure? Date of last seizure _____
- NO YES Have you ever been told that you have epilepsy? List medications _____
- NO YES Are you presently being treated for diabetes or high blood sugar? List medications _____
- NO YES Have you ever been told that you were anemic? List dates _____
- NO YES Have you ever been told that you have sickle cell anemia?
- NO YES Have you ever been told that you have sickle cell trait?
- NO YES Are you presently being treated for high blood pressure? List medications _____
- NO YES Do you have or have you ever had heart disease? (murmur, rheumatic fever, stenosis) List condition and dates _____
- NO YES Do you have or have you ever had lung disease? (pneumonia, tuberculosis, etc.) List condition and dates _____
- NO YES Do you have or have you ever had kidney disease? (infections, kidney stones, blood in urine, etc.) List condition and dates _____
- NO YES Do you have or have you ever had liver disease (mononucleosis, hepatitis, etc.)? List condition and dates _____
- NO YES Do you have or have you ever had stomach disease (ulcers, bleeding, etc.)? List condition and dates _____
- NO YES Do you have or have you ever had frequent headaches? (migraines, tension headaches) List condition and dates _____
- NO YES Do you or have you ever had a hernia or "rupture"? List dates, if repaired _____
- NO YES Have you ever been knocked out or had a concussion or other closed head injury? List dates _____
- NO YES Have you ever stayed overnight in a hospital due to a concussion or closed head injury? List dates _____
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your neck that disabled you for a week or longer? List injury/dates _____

- NO YES Have you ever injured the bones, ligaments, nerves or discs of your upper back that disabled you or a week or longer? List injury/dates _____
- NO YES Have you ever injured the bones, ligaments, nerves or discs of your low back that disabled you for a week or longer? List injury/dates _____
- NO YES Have you ever had a broken bone or fracture? R or L List bone/dates _____
- NO YES Have you ever had a shoulder injury that disabled you for a week or longer (dislocation, separation, etc.)? R or L List injury/dates _____
- NO YES Have you ever had shoulder surgery? R or L What was done/why? _____
Date _____
- NO YES Have you had an elbow injury that disabled you for a week or longer? (dislocation, sprain, etc.)
R or L List injury/dates _____
- NO YES Have you ever had elbow surgery? R or L What was done/why? _____
Date _____
- NO YES Have you had a wrist or hand injury that disabled you for a week or longer? (dislocation, sprain, etc.)
R or L List injury/dates _____
- NO YES Have you ever had wrist or hand surgery? R or L What was done/why? _____
Date _____
- NO YES Have you ever been told that you injured the patella, patellar tendon, or front part of your knee?
R or L List injury/dates _____
- NO YES Have you ever been told that you injured the cartilage/meniscus in your knee?
R or L List injury/dates _____
- NO YES Have you ever been told that you injured the ligaments in your knee?
R or L List injury/dates _____
- NO YES Have you ever had knee surgery? R or L What was done/why? _____
Date _____
- NO YES Have you had an ankle injury that disabled you for a week or longer? (sprain, strain, dislocation, etc.)
R or L List injury/dates _____
- NO YES Have you ever had ankle surgery? R or L What was done/why? _____
Date _____
- NO YES Do you presently have a rod, pin, screw or plate anywhere in your body? Where? _____
Date _____
- NO YES Do you wear contact lenses while participating in your sport?
- NO YES Do you wear any removable dental appliance? (circle those which apply)
REMOVABLE RETAINER REMOVABLE BRIDGE REMOVABLE PLATE
- NO YES Are you missing one of a set of paired organs (kidneys, eyes, testicles)? Specify _____
- NO YES Do you have any other conditions you wish to make us aware? Specify & give details. _____

PLEASE GIVE THE DATES OF YOUR LAST IMMUNIZATIONS FOR:

Diphtheria _____ Tetanus _____ Measles _____ Influenza/Flu _____ Polio _____
Rubella _____ Hepatitis A _____ Hepatitis B _____ Mumps _____

FEMALE ATHLETES ONLY

- NO YES Are you pregnant, or do you suspect that you may be pregnant? (If the answer is "YES", this does not necessarily preclude sport participation, however you must present clearance from a physician stating that sport participation will not be detrimental to the pregnancy.)

DISABLED ATHLETES ONLY

- NO YES Please indicate your disability and how it occurred. What & when? _____

THE ABOVE QUESTIONS HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

DATE



UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: _____ Program Name: _____

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____

Street Address: _____
LAST FIRST MIDDLE

City: _____ State: _____

Zip: _____ Phone: _____ Alternate Phone: _____

Country: _____ Social Security Number, (last four digits only): XXX-XX-_____

Email Address: _____
(Four digit SSN and birthdate Required. Used for OTC filing purposes only)

Gender: Male Female Birth Date: _____

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

PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program.

Athlete Coach Official NGB Administrator
 Staff Trainer Intern Other: _____

Athletes: Please check your skill level for this program

Olympic Caliber: Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or NGB's World Championship
 National: NGB National Senior Team member or competition in a major international event within the last 12 months.
 Junior National: NGB National Junior Team member or competition in a major international event within the last 12 months.
 Development: Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level.

FOR OFFICE USE ONLY

Program # _____ Arrival date _____ Check in Initials _____

Complete Paperwork _____ Missing Information: Bio _____ Medical _____ Waiver _____ HIPPA _____