

Welcome to Spring Klein Wrestling Club!!

Folkstyle Season Information Sheet

Beginning Monday, September 10th thru Thursday, February 28th, practices will be held Monday thru Thursday from 6:00 pm to 8:30 pm and Sunday from 4 – 6pm. Tots through D2 will practice from 6:00 - 7:00pm, and D3 and up (or by invite) will practice from 7:00-8:30pm, all wrestlers all welcomed on Sundays.

Please wear defined practice clothing to practice. Water breaks are given frequently so **always bring water**. Wrestling shoes are not required for Divisions Tot (Ages 4 & 5), 1 (Ages 6 & 7) and 2 (Ages 8 & 9), however, they are recommended. Wrestling shoes are required for Divisions 3 (Ages 10 & 11), 4 (Ages 12 & 13), 5 (Ages 14 & 15) & and 6 (High School). Headgear is required for all divisions.

Five Local Tournaments are mandatory and will be held on Saturdays beginning in October / November and run thru mid February. A South Region Tournament Schedule will be determined toward the end of September and distributed then. Most of the South Region Tournaments will be held at Spring Klein Wrestling Club. Weigh-ins typically begin at 7am, tournaments normally start at 9 am and usually finish by mid afternoon. Entry fees for each tournament run \$17 for regular meets and \$40 for National or State Meets, registration for the tournaments is done through www.Trackwrestling.com.

The Spring Klein Wrestling Club website / Facebook Page will be updated weekly or as needed with any news about upcoming tournaments or changes in the practice schedule. Our website address is www.springkleinwc.com. Rules and Regulations for Texas USA Wrestling can be found at www.txusaw.com. Simply click on “organization info” then “youth”. If you should have any questions, please do not hesitate to contact us at springkleinwrestlingclub@hotmail.com.

Thank You,

Spring Klein Wrestling Club

Spring Klein Wrestling Club



WRESTLERS GUIDELINES

1. Registration
 - a. Payment can be made in full for the season, or a payment option must be arranged. Payment options are limited to
 - i. By Season, one (1) time payment
 - ii. Two (2) Installments payments
 - iii. Monthly Payments
2. Uniforms
 - a. All competing wrestlers must purchase a basic wrestler package of a Spring Klein Wrestling Club (SKWC) shirt, shorts and singlet. An online store will be available for all SKWC Gear except for the singlet. An order of singlets will be placed during the first week of October.
 - b. All wrestlers will be required to purchase practice clothing consisting of a grey t-shirt and blue athletic shorts. Since this is your practice uniform, it's recommended multiple pairs of practice clothing be available.
3. Schedule
 - a. All wrestlers are required to come to three (3) practices. Please note, private lessons are not a substitute for team practices.
 - b. Competing wrestlers *should* come to four (4) practices
 - c. All Competing wrestlers are required to attend 5 local tournaments
 - i. Four (4) local tournaments hosted by SKWC at SKWC
 - ii. Houston Nationals hosted by the South Region
 - d. It is highly recommended competing wrestlers plan to travel to four (4) of the five (5) National Tournaments in Texas / Iron Tournaments.
 - e. It is highly recommended competing wrestlers plan to travel outside of Texas to at least one (1) or two (2) tournaments.
4. USA Wrestling Cards
 - a. All wrestlers and coaches must purchase a USA Wrestling Card. These cards can be purchased from USA Wrestling at <https://www.usawmembership.com/login>.
5. Conduct
 - a. All wrestlers will be respectful of their coaches and team mates.
 - b. All parents will be respectful toward the coaches, the wrestlers, and toward each other.
 - c. Violation of the above two rule will not be tolerated.
6. Hygiene
 - a. Please review the hygiene document in this packet and make sure your wrestler follows it.
 - b. It's highly recommended your wrestler showers with an antifungal soap after each exposure to the wrestling mat.
 - c. Some soaps are Selsun Blue, Head and Shoulders, Defense Soap, and Antifungal Soap with Tea Tree Oil.

SPRING KLEIN WRESTLING CLUB

REGISTRATION FORM

Wrestler's Full Name _____
Last First MI Nickname

Wrestler's Address _____
Street City Zip

Wrestler's Birth Date _____ Phone _____ E-Mail _____

Age as of Sept 1, _____ Weight _____ Experience: Rookie Novice Open

Father's Name _____
Last First

Home Phone _____ Work Phone _____ Cell/Beeper Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____ Cell/Beeper Phone _____

Did you wrestle with Spring Klein last year? Yes No Fall/Winter Spring Did you wrestle with another club? Yes No

If yes, name of club and years wrestled _____

School District _____ Name of School _____ Grade _____

HELP: Please circle where you would like to help. Fundraising, Sponsors, Weighins, ProShop, Concession, Scorer/Timer Not sure

Would you like to help coach? Yes No Experience _____

The expansion of Spring Klein Wrestling Club depends on sponsorships. May we provide you or your employer with sponsorship information?

Yes No Company Name _____

Contact Name _____ Phone _____

Parental/Medical Authorization

I, parent or guardian of the above named wrestler for Spring Klein Wrestling Club, hereby give approval for his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation from the activities and hereby waive, absolve, indemnify and agree to hold harmless the Spring Klein Wrestling Club, Spring Klein Wrestling Booster Club, the organizers, sponsors, supervisors, coaches, participants and persons transporting the participant to and from activities, from any claim arising out of an injury to the participant, except to the extent and in the amount covered by accidental and/or liability insurance held by the Organization.

I also grant permission to managing personnel or other association representative to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the participant become ill or injured with participating in activities away from home or at any other time when neither parent is available to grant permission for emergency treatment.

Parent or Guardian Signature _____ Date _____

FOR CLUB USE ONLY

Medical Release Yes No Birth Certificate Yes No Singlet Size _____ T-Shirt Size _____

Club Fee	\$	_____
USA Card	\$	_____
Booster Club	\$	_____
Pro Shop	\$	_____
Fundraising	\$	_____
Buyout	\$	_____
Volunteer Fee	\$	_____
Discount	\$	_____
Total Fee Collected	\$	_____

USA Card # _____

Texas USA Wrestling
Age, Division, and Experience Level Certification
2019

Wrestlers Name _____ Club _____
Date of Birth _____ Age as of August 31 _____

Division (Circle One)

- Tot (Ages 4-5 - Born September 1, 2011 to August 31, 2014)
- D1 (Ages 6-7 - Born September 1, 2009 to August 31, 2012)
- D2 (Ages 8-9 - Born September 1, 2007 to August 31, 2010)
- D3 (Ages 10-11 - Born September 1, 2005 to August 31, 2008)
- D4 (Ages 12-13 - Born September 1, 2003 to August 31, 2006)
- D5 (Ages 14-15 - Born September 1, 2001 to August 31, 2004)

Experience Level (Circle one)

- Rookie 1st year wrestler; no wrestling match any style, anywhere, prior to March 15, 2018.
- Novice 3rd year wrestler; Did not place at Open State, Was not finalist at Novice State, no wrestling match any style, anywhere, prior to March 15, 2016.
- Open 3+ year wrestler.

Note: "No wrestling match any style, anywhere" means the wrestler has not wrestled any wrestling match of any style including folkstyle, collegiate, freestyle, Greco Roman, or beach wrestling in any state or country. "Any style" does not include practices where no matches are wrestled or other styles of martial arts such as jiu-jitsu, submission grappling, sambo, Shuai jiao, tae kwon do, kung fu, karate, or other styles that include striking, kicking, punching or joint locking techniques.

I, _____, parent/guardian of the above named wrestler have provided the coach of the above named wrestling club with either a photocopy or certified copy of the birth certificate of the above named wrestler. I certify that it has not been altered in any way. I also certify that the experience level indicated above is accurate. I understand that falsification of any information on this form will result in disqualification from the above wrestler participating in any activity with Texas USA Wrestling for the remainder of the 2018 season.

Parent/Guardian

Date

I, _____ coach of the above named wrestling club certify that I have received a copy of the above named wrestlers birth certificate and have verified that the birth date stated on this form is accurate. I also certify that I have discussed with the parent/guardian the experience level of the above referenced wrestler. I understand that falsification of any information on this form will result in disqualification from the above wrestler participating in any activity with Texas USA Wrestling for the remainder of the 2018 season.

Coach/Administrator

Date



USA wrestling

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 _____

**USA Wrestling
Waiver and Release from Liability**

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releaser understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Participant's Signature)

(Date)

(Print Name)

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

(Signature of parent or legal guardian)

(Date)

(Print Name)

(Relationship to minor)

VOLUNTEER PROGRAM

Spring Klein Wrestling Club has implemented a volunteer program in which each family will be required to volunteer a minimum of 25 - 30 hours during the season including the Houston National Tournament. We rely solely on parents to work tables, help with awards, work the concession stand, collect money at the door and clean up after the mats. A volunteer Fee Deposit of \$300 is required and will be refunded to you after you have completed your required number of volunteer hours.

If you choose not to volunteer, you can buy out the Volunteer Fee for \$300.

_____ Yes, I plan to volunteer. My Deposit is attached.

_____ No, I do not plan to volunteer. Please deposit my Volunteer Fee however, if your wrestler participates at Houston Nationals (local tournament), you must volunteer.

Wrestlers Name(s) _____

Parents Signature _____ Date _____

FUNDRAISING OPTIONS

Spring Klein Wrestling Club will have at least 1 fundraiser for the 2018 seasons, Tamale Sales. It is an optional Fundraiser. Turnaround time will be approximately one week once the order form has been turned in. If you elect to participate in the fundraiser, orders will be placed in mid January in order to ensure delivery around Super bowl. Once your order form is received, your order will be placed. You can receive up to \$100 off registration with a minimum order of 25 dozen.

Wrestlers Name(s) _____

Parents Signature _____ Date _____

SPONSORSHIP OPTIONS

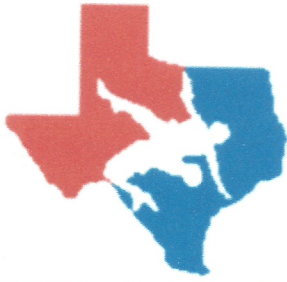
Spring Klein Wrestling Club is an all-volunteer, youth wrestling club for ages 4-18 years old. We are a non-profit 501 (C) (3) Corporation. We are made up of Wrestlers, Parents, Volunteers and Coaches.

The cost of operating our team includes: tournaments expenses, sanctioning fees, facility costs, insurance, equipment, and uniforms. The wrestler's family is responsible for all travel expenses, including hotel, dining, and other related expenses.

Any Sponsorships our wrestlers can obtain will be split with the wrestler's family 50/50. 50% will go toward Spring Klein Wrestling Club, and 50% will go toward the wrestler's registration.

Wrestlers Name(s) _____

Parents Signature _____ Date _____



Spring Klein Wrestling Club



SKWC President: Ryan Sheeren
18016 East Strack
Spring, TX 77379

PHONE 832-515-0798
SpringKleinWrestlingClub@Hotmail.com
WEBSITE <http://www.springkleinwc.com>

Dear Sponsor,

Spring Klein Wrestling Club is an all-volunteer, youth wrestling club for ages 4-18 years old. We are a non-profit 501 (C) (3) Corporation. We are made up of Wrestlers, Parents, Volunteers and Coaches.

The Club was founded in 1997 in a garage in North Houston and has seen hundreds of kids go through the program to become champions as Youth, High School and Collegiate Wrestlers. We host dozens of wrestling meets, camps and clinics per season. Last year we hosted over 1,500 wrestlers from all over Texas, along with a total attendance of over 3,000 for all combined events. We have a 14,000 square foot facility with over 8,000 square feet of mat space.

Our wrestlers compete on a National Stage and compete at the highest level with the ultimate goal of earning a college scholarship using wrestling as the vehicle in obtaining a quality education. The cost of operating our team includes: tournaments expenses, sanctioning fees, facility costs, insurance, equipment, and uniforms. The wrestler's family is responsible for all travel expenses, including hotel, dining, and other related expenses.

Listed below are the different levels of tax deductible sponsorships. Please consider one of the options given, however, any amount that you contribute will be greatly appreciated.

Please choose your level of support

- \$2500
- \$1000
- \$500
- \$300
- \$100
- Other _____

Company / Individual _____
Address _____ City _____ State _____ Zip _____
Player Name _____

Your donations will go a long way in allowing our wrestlers the opportunity to gain valuable leadership and teamwork skills that will last them for the rest of their lives. Any type of donation is truly appreciated. Non-monetary donations will be used as raffle and silent auction items to help raise funds for the team. **Please make checks payable to Spring Klein Wrestling Club.**

Spring Klein Wrestling Club is a registered 501(c)(3) non profit organization, tax ID #76-0550659.

18016 East Strack
Spring, TX 77379

**Spring Klein Wrestling
Club**

www.springklein.wc.com
SpringKleinWrestlingClub@Hotmail.com

2018 - 2019 FOLKSTYLE SEASON - TEXAS USA WRESTLING SOUTH REGION - AVAILABLE TOURNAMENTS

Date	Local	Texas Nationals (Iron Man) / Texas State	Additional Information
September			
8-Sep	Super 32 Qualifier - League City (Boys Folkstyle & Girls Freestyle)		
30-Sep			9/29 - RMN Cosmic Wrestling, Denver CO
October			
6-Oct	UHD @ SKWC		
13-Oct	Legacy @ Bryan		10/20-21 - RMN, Freakshow - Las Vegas, NV
20-Oct	Legacy @ Bryan		10/27-28 - Super 32 Challenge - Greensboro, NC
27-Oct	Klein Takedown @ SKWC		10/27-28 - USAW Preseason Nationals - Des Moines, Iowa
November			
3-Nov	SKWC		11/3 - RMN, Monster Match Nationals - Denver, CO
10-Nov	Leonidas @ SKWC		11/9-11 National K-8 Duals - Toledo, OH Contact Brett Camden for Info
17-Nov	TBD		11/16-17 - WOW, Flo Kickoff / Girls Kickoff Classic - Tulsa, OK
24-Nov		11/23 & 24 - Panhandle Nationals - Amarillo, TX	
December			
1-Dec	Brazos Valley @ College Station		
8-Dec	KAWC @ SKWC		12/8 - Holiday Duals - Virginia Beach Contact Brett Camden for Info
15-Dec		12/14 & 15 - Edge of Texas Nationals - El Paso, TX	
22-Dec	TBD		
29-Dec	SKWC		12/28-29 Dixie Nationals - Atlanta, Ga Contact Brett Camden for Info
January			
5-Jan	TBD (Legacy @ Bryan??)		1/5-6 - USJOC Open & Novice (OK Novice Rules) - OKC, OK
12-Jan		1/11 & 12 - Houston Nationals - Bryan	
19-Jan	SKWC		01/17-19 - WOW, Flo Tulsa Nat'l's (Expo), Novice, Girls (Ford) - Tulsa, OK
26-Jan		1/25 & 26 - Heart of Texas Nationals & NS - Round Rock, TX	
February			
2-Feb		2/1-2 - LoneStar Nationals - Ft. Worth, TX	
9-Feb	SKWC		2/7 - 2/10 UIL Districts 2/9 Wildwood National Duals - NJ Contact Brett Camden for Info
16-Feb	17th TBD Regional Practice		2/15 & 16 UIL Regionals in Allen
23-Feb	24th TBD Regional Practice		2/22 & 23 UIL State @ Berry Center
March			
2-Mar		3/1 & 2 - STATE - Open/Rookie/MS Girls - El Paso, TX **HD Qualifier	
9-Mar			3/9 & 10 - Youth Nationals Duals, Tulsa, OK
16-Mar			3/16-17 - RMN, Rocky Mountain Nationals - Denver, CO
23-Mar			3/21 - 24 - USAW USMC Folkstyle Nationals Championships / Junior Womens Folkstyle Duals - OC, OK Middle School Folkstyle National Duals - TBD
30-Mar			3/29 - 31 HS Folkstyle Nationals - Virginia Beach TBD - USAW Folkstyle National Championships - Cedar Falls, IA
April			
7-Apr			4/5 - 7 - WOW, Flo Reno Worlds & Girls - Reno, NV
14-Apr			4/12 - 14 Heartland Duals - Council Bluffs, IA **Youth Folkstyle State is Qualifier
21-Apr		4/20-21 AMSTERDAM FS/GR youth thru HS Contact Derrick Waldrup	4/21-22 - RMN, Aztec Warrior Championships - Farmington, NM

USA Wrestling - Regional, National and International
 Rocky Mountain National Tournaments
<https://usawevents.sportngin.com/events>
<https://www.rmnevents.com/page/show/1067837-tournaments>

Sports Hygiene – Guidelines to Minimize Infectious Diseases
Position Statement and Guidelines
National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee

Preparation for competition in any sport requires proper training and practice. Whether it means preparing your body or maintaining your equipment, proper preparation is necessary. Keeping your body and equipment clean is part of that process. Infectious diseases do propagate and are easily transmitted in the sports environment. Contact sports and those with heavy amounts of equipment are more prone than others, but needless to say, proper hygiene is necessary in all sports to reduce the potential of transmitting these agents. The NFHS Sports Medicine Advisory Committee realizes these issues and has helped establish guidelines to educate the sporting and medical community about their presence and means to reduce transmission of sports related infectious diseases.

Proper Hygienic Practices

1. Shower immediately after each practice or competition. Use your own bottled soap and towel and don't share them with others, let alone other toiletries. Studies have shown that transmission of infectious diseases can occur when these items are shared with other athletes.
2. Don't share water bottles. Viruses and bacterial infections can be easily transmitted via a shared bottle.
3. Don't perform cosmetic shaving. Needless shaving of the chest or legs or genital areas have been associated with increased outbreaks of Methicillin-Resistant Staphylococcal aureus (MRSA). Consider cropping or closely trimming the areas if necessary.
4. Wash equipment on a routine basis. Work-out clothing after each practice. Consider washing smaller pads (for knees or elbows) on a weekly basis or if soiled with contaminated material, each day. Larger pads, such as those in Hockey or Football, should be disinfected (1:100 solution of household bleach and water) on a routine basis. More frequently if soiled with blood or bodily fluids. Commercial equipment utilizing detergents or ozone for decontamination could also be considered.
5. Don't let abrasions or open sores go without evaluation by your coach or Certified Athletic Trainer (ATC). Be sure to keep them clean and covered with proper dressings.
6. Inform your coach or ATC about any suspicious lesion at the beginning of practice. Consider withdrawal from practice or competition until the lesion is evaluated by your Health Care Provider (HCP). If it is considered infectious, wait to return to competition until it has cleared by your HCP. Also have other team mates evaluated for such lesions and cared for in the same manner.

7. Don't use a whirlpool or cold tub with any open wounds, scrapes or scratches.

8. Shower before using whirlpools or common tubs.

Following these guidelines will help reduce the occurrences and outbreaks of infectious diseases. This will take an active participation of the coach, parent and athlete. Together this will create a healthy environment that will allow the athlete to compete and reduce the risk of being sidelined.

Revised and Approved April 2007