

2009
Brute Scholastic Showcase

Presented by

NWCA

April 17-18, 2009

Memorial Hall

York, PA

Scholastic Duals Tournament Handbook

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

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



Scholastic Showcase



To: State Coaches / Team Leaders
From: John Cook – Scholastic Director
Re: Brute Scholastic Duals Packets
Date: 10/15/2008

Thank you for your interest in competing in the **2009 Brute Scholastic Showcase** presented by the NWCA. We are pleased to announce that the event will be held at Memorial Hall in York, PA on April 17-18, 2009. Enclosed you will find an information packet including all the necessary forms to enter your state team in the event. Please be sure to meet all deadlines and complete all forms accurately and completely. **The event is open to the first 24 teams and once that number is met registration will be closed, No EXCEPTIONS!** The NWCA anticipates the field will fill rapidly due to a recent increased interest in the event. Please know we no longer conduct the US High School Open; and individual exhibition matches will be limited due to space restrictions. The Scholastic Duals is the only event on the weekend. **Your Payment / Entry form along with \$500 Registration Fee is due by March 1, 2009.**

Enclosed you will find the following forms and information:

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

For information or questions about the **2009 BRUTE Scholastic Duals** please contact the following:

Tammy Tedesco
NWCA Assistant Director
PO Box 254
Manheim, PA, 17545
717-653-8009 – Office
717-725-8171 – Cell
ttedesco@nwca.cc

John Cook
NWCA Scholastic Director
PO Box 11
Centerville, IN 47330
765-993-7713 – Cell
765-993-7713 – Home
jmcook1949@yahoo.com

We look forward to seeing you in April!

BRUTE Scholastic Showcase
Coaches / Team Leader
CHECKLIST

ITEM	DATE DUE	√
<u>\$500.00 & Official Team Entry Forms</u> Sent to: Tammy Tedesco NWCA, P.O. Box 254, Manheim, PA 17545	3/01/09	_____
<u>State Team Roster Form</u> Faxed to: Tammy Tedesco 717-653-8270	3/31/09	_____

Present at Registration the Following

<u>Medical Consent</u>	4/12/09	_____
<u>Consent and Release</u>	4/12/09	_____
<u>Athlete Information Sheets</u>	4/12/09	_____

Mailing and Fax Information:

Tammy Tedesco
Director of Events
NWCA
P.O. Box 254
Manheim, PA. 17545
(717) 653-8009 (Work)
(717) 725-8171 (Cell)
(717) 653-8270 (Fax)
ttedesco@nwca.cc

Brute Scholastic Showcase

- USA Wrestling sanctioned event. **ALL** competing wrestlers must have a current **USAW Card**. Coaches must have a current **NWCA Card** to enter the floor area and coach.
- A team should be comprised of 14 to 20 wrestlers. Each team will have 14 starters and a maximum of six alternates.
- This event is open to wrestlers currently in grades 9-11.
NO SENIORS ARE ALLOWED TO COMPETE!
- **Weight classes:**
108, 117, 124, 130, 135, 140, 145, 150, 157, 165, 176, 194, 220, 285
- **Weigh-ins:** Teams will be called to weigh-ins beginning at 3 pm; teams will weigh-in in the order in which their registration was completed. ALL TEAM MEMBERS MUST BE PRESENT AND READY TO WEIGH-IN WHEN CALLED TO THE SCALES. NO EXCEPTIONS! NO INDIVIDUAL WILL BE ALLOWED TO WEIGH-IN SEPARATE FROM HIS TEAM. NFHS weigh-in procedures will be in effect. **Please note, if travel schedule will delay team weigh-ins, the team leader must contact John Cook or Tammy Tedesco prior to Thursday April 16th, 2009. In case of emergency please call Tammy at 717.725.8171.**
- All Federation rules will apply-taped laces, hair standards etc.
- Headgear required.
- Collegiate cut singlet preferred...**NO SCHOOL UNIFORMS ALLOWED!**
A Uniform in state colors is recommended.
- **\$500.00 entry fee per team due to the NWCA by March 1, 2009.**
- **State Team rosters will be due to Tammy Tedesco no later than March 31, 2009.** This will allow time to get the names into the program.

IMPORTANT NOTICE TO READ

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

Brute Scholastic Showcase
Payment Form

Please Return with **\$500.00** Team Entry Fee by **March 1, 2009**
Mail Payment and Completed Form to:

Tammy Tedesco
Director of Events
National Wrestling Coaches Association
PO Box 254
Manheim, Pa. 17545

State _____

Team Leader _____

Enclosed is our \$500.00 Check or Money Order for Entry Fee for the:
2009 BRUTE Scholastic Duals presented by NWCA.

Please Complete the Following if Paying by Credit Card:

_____Mastercard _____American Express _____VISA

Card Holders Name _____

Credit Card Number _____

Expiration Date _____

Signature _____

2009 BRUTE Scholastic Showcase

Presented by NWCA/

Toyota Center

York, PA

Schedule of Events

Thursday, April 16, 2009

12:00pm - 3:00pm	Scales Open and Available	(Toyota Center)
3:00pm - 7:00pm	Scholastic Duals Registration & Weigh-In	(Toyota Center)
8pm- 10:00pm	Coaches Meeting & Social	TBA

Pizza & Soda Provided by NWCA

Friday, April 17, 2009

7:00am	Doors Open / Ticket Sales Available	(Toyota Center)
8:00am - 9:00pm	Team Pool Matches & Bracket Round	(Toyota Center)
11:00am - 4:00pm	Hospitality Room Available	(Toyota Center)

Saturday, April 18, 2009

9:00am	Doors Open / Ticket Sales Available	(Toyota Center)
10:00am – 10:15am	Duals Quarter Final Bracket Matches	(Toyota Center)
11:00am – 4:00pm	Hospitality Room Available	(Toyota Center)
12:15pm – 2:15pm	Duals Semi Final Bracket Matches	(Toyota Center)
2:30pm – 4:45pm	Duals Consolation Bracket Matches	(Toyota Center)
6:30pm – 8:30pm	Team Championship Finals & Places	(Toyota Center)
8:30pm – 9:00pm	Team Awards	(Toyota Center)

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CONSENT AND RELEASE FORM PRINT IN CAPITAL LETTERS

NAME _____ USAW CARD # _____*

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ SCHOOL _____ GRADE _____

WEIGHT CLASS _____

CONSENT AND RELEASE

In consideration for the opportunity to participate in the 2009 NWCA National Scholastic Duals (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 other use or videotaped for broadcast, cablecast, home video entertainment and/or other use or distribution (collectively, "Dissemination") in a manner not inconsistent with applicable rules or the National Wrestling Association, Inc., d/b/a/ USA Wrestling, Inc. ("USAW") and/or the Federation Internationale de Lutte Amateur ("FILA") and hereby consents the NWCA/USAW, for purposes of NWCA/USAW's athletics/sports programs and related activities, and any television network, production company or any other parties with which USAW has agreements for such purposes, and/or their licenses, shall have the right, without any compensation to competitor, to use competitor's name, photograph, image, likeness, biography and accomplishments and displays of wrestling ability in any Dissemination of the Event and for the purposes of advertising, promoting and publicizing the events and activities of the NWCA and USAW and the program and/or program series of which any Dissemination of the Event is a part (provided that none of the above shall be used in such fashion so as to constitute an endorsement of any commercial product). Competitor agrees, for and on behalf of Competitor and Competitor's heirs, personal representatives, administrators, agents, successors and assigns, to release, indemnify and hold harmless NWCA/USAW and its officers, directors, agents, employees and licenses from any claim of any nature based upon or arising out of or any Dissemination or other uses contemplated by the Consent and Release.

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

Signature of Competitor

Date

Signature of Parent or Guardian

(If competitor is under 18 years old)

Date

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MEDICAL CONSENT FORM PRINT IN CAPITAL LETTERS

MEDICAL CONSENT

Name or your Primary Insurance Company _____

Policy No. _____ Family Doctor _____ Phone _____

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

Special Medical Conditions _____

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

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

CHECK ONE

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

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

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

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

Name _____ Phone _____

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

**Print name of Competitor
Date**

Date

Signature of Parent or Guardian

(If Competitor is under 18 yrs.old)

Signature of Competitor

Date

Brute Scholastic Showcase Information Sheet

Please Obtain Information from Student Athletes

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

Name: _____ **Team:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Email:** _____

High School: _____

High School City and State: _____

Coaches Name: _____ **Coaches Phone:** _____

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

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

Honors and Achievements: _____

I DO NOT want my Information Released to College Coaches

2009 Brute Scholastic Showcase
Recommended NWCA Travel Agency

Anthony Travel, Inc.

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

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

Recommended Hotel Accommodations

(based on availability)