



**USA wrestling**

**Welcome to the 2010 USA Wrestling- New Jersey  
Cadet Nationals Championships  
And  
Junior National Championships**

The team packet consists of a comprehensive list of information. You also need to register online at the following Web site:

<http://www.gimpssoftware.com/USAWNJ>

Please read and complete the enclosed forms, which will be needed to be processed to establish your commitment to Team New Jersey.

**\*\*\*\* Please note that the Commitment Letter and a \$600 deposit must be sent in within 1 week of qualification to secure a place on the team. Note: the payment can be made via PayPal on the following Web site:**

<http://www.gimpssoftware.com/USAWNJ>

Please remit completed forms and payment (if you didn't pay online) to:

**USAWNJ  
PO Box 479  
Ramsey, NJ 07446**

**Team New Jersey Forms Check-Off**

Note: All forms will be available on web site shortly.

- General Information noting dates and costs. Pg. 2
- Fargo Trip Costs. Pg. 3
- Trip Incentives. Pg. 4
- Directions to camp Listed Separately on Site
- Equipment Information Pg. 5
- Parent and wrestler information sheet Pg. 6
- Frequently Asked Questions. Pg. 7
- Code of Conduct Pg. 8
- Medical Questionnaire Pg. 10
- Bag Check Authorization Form Pg. 14
- Sample Fund Raising Letters Pg. 15
- Assumption of Risk Listed Separately on Site
- USA Wrestling Entry Form Listed Separately on Site
- Parental Instruction on Medical Treatment Listed Separately on Site

Congratulations! You are now qualified for Team New Jersey's trip to **USA Wrestling's Cadet and Junior National Championships**. This event will be held at the University of North Dakota in Fargo, ND the week of July 16 - 24, 2010.

- ❖ To ensure your eligibility for this event, you and your parents must complete a series of forms.
- ❖ You must maintain a payment schedule and complete payments by July 7.
- ❖ You must attend the appropriate training camp days at Rider University between July 4 and July 7, 2010. Wrestlers must bring pillow chases and sheets
- ❖ You must travel with the team.
- ❖ The Freestyle portion of camp is from Sunday, July 4 through Wednesday, July 7.
- ❖ The Greco portion of camp is from Sunday, July 4 through Wednesday, July 7.
- ❖ Registration begins at 7:30 am Sunday, July 4 and ends Wednesday, July 7, at 4:00 pm
- ❖ All balances must be paid before camp.
- ❖ All signed forms must be presented at registration.
- ❖ Immunization/Medical forms must be presented no later than registration.

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

**Cadet Dual Meet Championships: June 15-19, 2010**  
**Rochester, Minnesota**

**Team Leader: John Grey @ 201-317-3973**

**Junior Dual Meet Championships: June 24-28, 2010**  
**Enid, Oklahoma**

**Team Leader: Bob Deutsch @ 856-296-6680**

**Asics / Vaughan Junior and Cadet National Championships: June 16-24, 2010**  
**Fargo, North Dakota**

Team Leader - Gimp @ 610-264-8511  
Junior Director – Jim Neighbor @ 908-202-5149  
Cadet Director – John Grey @ 201-317-3973  
Women's Director – Jan Neighbor @ 908-202-5149  
State Chairman – Rich Santoli @ 201-921-3275

## Estimated Costs

### Fargo Trip:

Includes Training camp, Flight & Ground Transportation, Entry Fees, Room & Board and one bag check on flights both ways. Uniform may be purchased separately.

Single or Double Styler:	\$ 1200.00
Uniform:	<u>175.00</u>
Total Estimate:	\$ 1375.00

## **Incentives for Cadet/Juniors Nationals and National Duals**

### **1. Cadet/Junior Nationals:**

a. State High School Scholastic and National Prep Championships winners will get the following reduction of costs:

1st \$250 2nd \$150 3rd \$50 4th – 8th \$25

b. FILA Cadets and Juniors place winner get the following reduction of costs:

1st \$200 2nd \$150 3rd \$100 4th – 6th \$50

### **2. Cadet Nationals:**

a. Northeast Regional Cadet will get a reduction of costs. Freestyle and Greco will split \$3,000 each with a sliding scale from 1st thru 3rd. With a maximum payment of \$300 to any wrestler.

b. Winners of the following Cadet tournaments will get the following reduction of costs:

Ranking \$100 Kids States \$100 Greco \$100

c. Returning All-Americans get the following reduction of costs:

Cadet National Champs \$150 Cadet to Cadet, Schoolboy Nat champ \$100 Schoolboy to Cadet \$50

### **3. Junior Nationals:**

a. Northeast Regional Juniors will get a reduction of costs. Freestyle and Greco will split \$4000 each with a sliding scale from 1st thru 3rd, with a maximum payment of \$400 to any wrestler.

b. Winners of the Junior tournaments will get the following reduction of costs

Ranking \$150 Junior States \$150 Greco \$150 Girl States \$150

c. Returning All-Americans get the following reduction of costs:

Junior Nat. Champs \$200 Junior to Junior or Cadet Nat. Champ \$150 Cadet to Junior or Girls \$75

### **4. Schoolboy National Duals:**

a. Winner of the Schoolboy following tournaments will get the following reduction of costs:

Ranking \$25 Kids States \$25 Both \$75 NE Regional \$75 Scholastic State Champ \$100 2<sup>nd</sup> thru 4<sup>th</sup> \$75 5<sup>th</sup> thru 8<sup>th</sup> \$50 Schoolboy National Champ \$100 Schoolboy AA Novice Nat. Champ \$75 Novice AA \$50

### **5. Cadet Duals:**

a. Winners of the following tournaments and who attend Cadet Nationals will get the following reduction of costs:

Ranking \$75 Cadet States \$75 Greco \$75 Cadet National Champ \$400 Cadet AA or Schoolboy National Champ \$200 Schoolboy AA \$100

### **6. Junior Duals:**

a. Winners of the following tournaments and who attend Junior Nationals will get the following reduction of costs:

Ranking \$125 Junior States \$125 Greco \$125 JR National Champ \$400 Jr AA or Cadet National Champ \$200 Cadet AA \$100

### **7. Miscellaneous:**

a. Triple Crown Winners age levels (Midget-Cadet) will get \$500 credit and Three style All-Americans age levels (Midget-Cadet) will get \$200 credit towards any USA/NJ function or trip.

**\*\*All “reductions of costs” credit to cadet/junior nationals are taken off when final payment is due at camp. All deposits must be paid and any money due must be paid at the start of camp. If there is credit that may cover even the deposit, then this will be reimbursed after the trip. Credits may not exceed the cost of the trip.**

## USAW / NJ Equipment Information Sheet

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_ YOB \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Weight Class \_\_\_\_\_ Style \_\_\_\_\_ USA Card No \_\_\_\_\_  
 Date on the cover page of this package \_\_\_\_\_ Mailing Date of this form \_\_\_\_\_  
 Trips(s) for which equipment is needed \_\_\_\_\_

\*\*\*\*\*Equipment Package Orders\*\*\*\*\*

\_\_\_\_\_ Package price for Team Pullover ¼ zip, shorts, Sublimated T-Shirt and two singlets \$175.00

If you order a package above then check to the left of that package. If you have a “premium” package from past year(s) you may want to go directly to the sections below. Circle the appropriate sizes and weight classes listed in the sections below but do not write in any amount to the left. If, on the other hand, you want items in addition to the package ordered, then fill in the amount to the left of the items. Do your own dollar totals to the right and below.

\*\*\*\*\*Optional Equipment and ala carte items\*\*\*\*\*

Already have	Amount Ordering	Item	Size Needed	Non-Package Prices	Totals
_____	_____	¼ Zip Pullover	(Sm)(Med)(Lg)(XL)(XXL)	\$40.00	_____
_____	_____	Team Shorts	(Sm)(Med)(Lg)(XL)(XXL)	\$12.00	_____
_____	_____	Red Singlet	Wt Class	\$50.00	_____
_____	_____	Blue Singlet	Wt Class	\$50.00	_____
_____	_____	Sublimated t-shirt	(Sm)(Med)(Lg)(XL)(XXL)	\$23.00	_____

\*\*\*\*\*Equipment Everyone Gets\*\*\* (Also to list extra quantities desired)\*\*\*\*\*

Everyone receives a tee-shirt with uniform package, so if you want additional tee shirts, place that number to the left of the item for additional quantities you want (gifts, thank yous, trading)

Order amount	Item	Sizes	Price	
_____	Event T-Shirt	(Sm)(Med)(Lg)(XL)(XXL)	\$23.00	_____
_____	Backpack Bag	Limited quantities (1 <sup>st</sup> come 1 <sup>st</sup> serve)	\$40.00	_____

## **Parent and Wrestler Information Sheet**

A question and answer sheet follows this page to help parents be more informed about the trip to Nationals. A listing of Hotel accommodations is included.

Regarding your wrestler's flight to North Dakota, get a photo id for your wrestler. Please pack wrestling gear in a reasonably sized carry-on/back-pack so that if luggage is lost or delayed, wrestling can continue. These are usually well-packed flights (especially the returns) so large carry-ons are not recommended.

Part of the National Tournament scene is the free-trading of t-shirts and other equipment. We really hope that the USAW/NJ singlets will not be sold or traded. We would like to keep them special to Team New Jersey. In addition, they are a very good product and more expensive than what the wrestler would get for them. Wrestlers from most states bring extra t-shirts to trade for shirts from other states. Although this trading is not the highlight of the trip, it is a fun part of this national event. Once shirts have been distributed at camp to the team, and the special orders completed, you may purchase more shirts, if available. Do not trade official singlets if you are still competing.

Medications: Allergy and other medications. Tape for taping existing injuries and taping laces.

Note: If you bring a car, you may leave it outside the dorm. However, all of your keys will be held until the end of the week or as directed. You are not allowed off campus.

Many wrestlers raise funds to help them defray the cost of their trip to Nationals or to other trips. If your wrestler wishes to raise funds for the trip, please find enclosed letters to help in this regard. More copies can be gotten from either age group director. A list of suggested donors is included below.

### **Possible Donor List**

1. Family (Grandparents, Aunts, Uncles, Godparents)
2. Parents' employers
3. High School Wrestling Booster Club
4. High School Parent Teacher Association
5. Local school teacher association
6. Barbers, doctors, dentists, etc
7. Neighbors
8. Local business community (butcher, baker, gift shop, drug store)
9. Local Police Athletic League
10. Local Fire Department
11. Insurance Agents
12. Large corporations in your area (ATT, Bell Labs)
13. Service Clubs (Kiwanis, Masons, Knights of Columbus)

## Parents FAQs (Frequently Asked Questions)

1. WHAT IS THE BEST SOURCE OF INFORMATION - THE NJWF TRIPS WEB SITE:

<http://www.gimpsoftware.com/USAWNJ>

2. WHEN WILL MY WRESTLER'S FLIGHT LEAVE?

- a. Although the exact time of your wrestler's flight may not be known at this time, the general rule of thumb is that it will leave two days before the first day of competition for the style/age group. Generally, it will return the day after the age group/style finals.
- b. Specific info will be listed on the web site as time goes on.

3. WHAT ARE MY WRESTLER'S RESPONSIBILITIES?

- a. Each wrestler is required to sign a code of ethics/conduct upon registration. A copy of that code is in this packet. Parent's should supervise the packing process to prevent embarrassment to all involved.
- b. Each wrestler is required to stay with the team. Attendance at team meetings, workout sessions and wrestling is **required**. He/she is an important part of Team New Jersey.

4. WHO DO I CALL IN CASE OF EMERGENCY?

Phone numbers to be listed on web site. There will be different numbers while at camp and while in Fargo.

5. HOW MUCH MONEY DO I SEND WITH MY WRESTLER?

Wrestlers are encouraged NOT to bring too much cash. Meals and sleeping accommodations are provided. Send enough for souvenirs and snacks. There is an ATM at camp. Convenience stores can cash small traveler's checks.

6. WHAT IF MY WRESTLER IS ELIMINATED FROM COMPETITION?

Your wrestler's status as a member of the team does not change upon elimination. They are still required to attend all team functions as before.

7. IF I ATTEND THE NATIONALS WHEN WILL I BE ABLE TO SEE MY WRESTLER?

Your wrestler will have dorm accommodations and will have an itinerary of team meetings, workout and wrestling sessions. There will be some release time and you may work out arrangements as long as the coaching staff is fully aware and all upcoming team issues are resolved.

8. ARE PARENTS ALLOWED ON THE FLOOR OF THE ARENA?

USA Wrestling has a strict policy about those who receive floor passes in the arena. Coaches and staff is the only rule. The USAW/NJ Coaches Council has issued a policy specifically stating that no parent/High School or personal coach, etc. will be allowed on the floor to watch, coach or film the wrestling. The only exception are those previously approved by the council as Team New Jersey staff.

9. WILL MY SON BE ASKED TO WRESTLE A SECOND STYLE?

A number of alternates will be selected who may be asked to wrestle a second style in the event of another wrestler's illness or injury. Your son will be notified as far in advance as possible that there may be an opportunity of his staying out longer (or going out earlier) at the National Tournament because he can wrestle a second style.

## USAW/NJ Code of Conduct

### **ATHLETE PLEDGE**

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

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

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

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

**PARTICIPANTS' AFFIRMATION OF CODE OF CONDUCT**

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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USAW/NJ \_\_\_\_\_ Wrestling \_\_\_\_\_  
NGB Name \_\_\_\_\_ Sport \_\_\_\_\_

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship (Parent or Guardian)



## Medical Information & Waiver Forms

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

### Parent's Medical Instructions

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

### Medical History Questionnaire

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

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

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

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

Please keep medical forms for no less than 18 months.

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

# USA WRESTLING

## PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

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

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

Address \_\_\_\_\_

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

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

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

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

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

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

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

\_\_\_\_\_

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

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

Date of your child's last complete physical examination by a medical doctor \_\_\_\_\_

*If this is more than one year ago, please complete the accompanying medical history questionnaire.*

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

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

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

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

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

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

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

# USA Wrestling

## MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

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

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

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

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

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

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

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

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

# USA Wrestling New Jersey

## Bag Check Authorization and Certification

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

By signing the following We, \_\_\_\_\_

(hereafter known as “Wrestler”) and \_\_\_\_\_  
(Parent or Legal Guardian of “Wrestler” and hereafter known as “Guardian”) understand that in order to participate in any Team New Jersey event sponsored by USA Wrestling New Jersey, Wrestler and Guardian will abide by the following rules and guidelines:

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

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

---

**Wrestler**

---

**Parent/Guardian**



To Whom It May Concern:

I would like to introduce \_\_\_\_\_ . He/She is representing **Team New Jersey** at the USA Wrestling National Championships.

**USA Wrestling/New Jersey** is a volunteer organization serving the amateur wrestling community of New Jersey. We provide programs for young people who participate in wrestling, including coaching, transportation, housing, meals, entry fees and a training camp prior to their trips to the nationals. While USA Wrestling/New Jersey has raised a portion of the cost for the team, each wrestler must pay a significant portion of the expenses himself/herself. We are asking for your help in that effort.

Any contribution you make to assist this athlete in pursuing his dreams will be greatly appreciated. Please note that if you prefer your contribution to be tax deductible, you must write your check to the "USAW/NJ" account and not directly to the wrestler. **The USAW tax-exempt number is 36-2667348.**

Thank you for your generosity and commitment to this talented young person. It will go a long way in helping allow this athlete a rewarding educational opportunity and a chance to compete in the nation's most challenging and prestigious national wrestling competition at these age groups.

Sincerely,

Rich Santoli  
State Chairperson of USA Wrestling/New Jersey

Please mail donation check to:

USAWNJ  
PO Box 479  
Ramsey, NJ 07446



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