

ACTIVITY, POLICY & PROCEDURAL FORMS

2011-2012

Wrestling Forms

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PHYSICIAN RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Note to providers: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rule-4-2-3 which states: "If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, his coach shall provide current written documentation from a physician stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to his opponent. This documentation shall be furnished at the weigh-in or prior to competition in the dual meet or tournament. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate.

Note: If an on-site tournament physician is present, he/she may overrule the diagnosis of the physician signing this form.

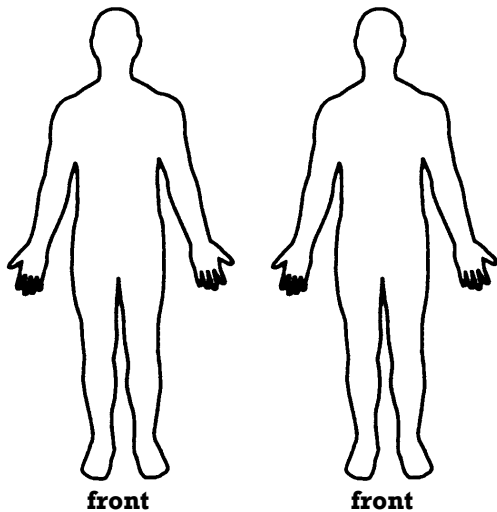
Below are some guidelines that suggest minimum treatment before returning to wrestling.

- **Bacterial diseases (impetigo, boils):** Oral antibiotic for 2 days and no drainage, oozing or moist lesions.
- **Herpetic lesions (Simplex fever blisters, Zooster, Gladiatorium):** No new lesion in 48 hours and all lesions scabbed over. No oral treatment is required.
- **Tinea lesions (ringworm scalp, skin):** Oral or topical treatment for 7 days on skin and 14 days on scalp.
- **Scabies, Head Lice:** 24 hours after appropriate topical management.
- **Conjunctivitis:** 24 hours of topical or oral medication and no discharge.
- **Molluscum Contagiosum:** 24 hours after curettage.

Name of Student

Date of Exam

Mark location(s) of lesion(s):



Diagnosis

 Communicable Non-contagious

Describe location of lesions

Medication(s) used to treat lesion(s)

Date treatment started

Earliest date may resume participation

Physician's Name (printed or typed)

Physician's phone

Physician's Address

Physician's Signature

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.

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WRESTLING SEEDING FORM

COMPLETE FOR EACH WRESTLER EARNING A BERTH TO STATE COMPETITION.

School Name

Conference

Wrestler's Name (printed)

Tournament Weight Class

Coach's Name

Administrative Signature of Verification

WRESTLER'S RECORDS

OVERALL VARSITY RECORD:

List the *overall varsity record* in the weight class that this wrestler will compete in at the State Tournament

Wins

Losses

VARSITY, JV & EXHIBITION RECORD:

List the season record — *including varsity, junior varsity and exhibition* — in the weight class that this wrestler will compete in at the State Tournament

Wins

Losses

ALL-INCLUSIVE SEASON RECORD:

List this wrestler's season record *including all matches in all weight classes and the Conference Tournament*

Wins

Losses

SPECIAL COMMENDATIONS

List any special commendations this wrestler achieve this season or the season prior (i.e. outstanding wrestler, first in Conference competition, etc.)

What place did the wrestler finish at this year's conference tournament? _____

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WRESTLING WEIGHT CERTIFICATION - REVISED 8/4/2011

In accordance with ASAA rules, each wrestler is required to establish a certified minimum weight within sixty (60) calendar days prior to the first team competition and is prohibited from certifying at a lower weight during the season. After certification, a wrestler may not weigh-in more than one weight class above the certification without recertifying at a higher weight. A student weighing in more than one weight class above his/her minimum weight will be automatically recertified at the higher weight. A student beginning wrestling after the start of the season must have his/her weight determined before his/her first competition.

Student

Gender

 M F

Date of birth

Grade

School

Weight class (circle one)

106 113 120 126 132 138 145 152 160 170 182 195 220 285

Medical Certification

I certify that I have examined the above named student. I have circled the minimum weight at which this student may wrestle.

Name of Medical Doctor, Physician's Assistant or Advanced Nurse Practitioner (circle which)

Signature

Date

Address

Phone

Parent/Guardian name (please print)

Parent/Guardian signature

Date

NOTE

DO NOTE SEND THIS WEIGHT CERTIFICATION FORM TO THE ASAA OFFICE, BUT KEEP ON FILE AT THE SCHOOL. YOU MUST INDICATE THE WEIGHT CERTIFICATION ON THE ELECTRONIC ELIGIBILITY REGISTRATION (EER) FORM BEFORE THE STUDENT WILL BE ELIGIBLE TO WRESTLE.

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Eugene Chang MD, John Botson MD, Royce Morgan PA-C

Seated: Lynne Young ATC, Ed Voke MD, James Eule MD, Colin Hickenlooper PA-C

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