

# Helpful Information for first year PA Wrestling Coaches

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*Fox Chapel Area High School*

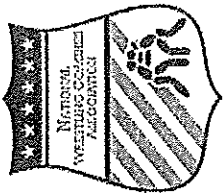
All information is included as suggestions and samples for the many clerical tasks necessary for the Head Wrestling Coach. Information is included from sources such as Dave Crowell, Walt Fisk, Tom Willard and Otis Dowdy of Va., Dr. Brooke Zumas, and Fox Chapel's Athletic Director Mike O'Brien among others. Feel free to add, duplicate or delete as your needs indicate. *Please note that while use of these documents is permitted and encouraged, some schools have district approved forms that you may be required to use and some school districts may allow you to create your own forms but may have specific language that they want reflected.* As a result, it is important to make sure that any documents, releases, etc. associated with your program are approved by your administration.


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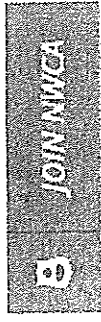
## A “To-do” list for Head Wrestling Coaches

<p><b>April thru August</b></p>	<ul style="list-style-type: none"> <li>• Inventory equipment and order replacement supplies &amp; equipment</li> <li>• Finalize wrestling budget</li> <li>• Finalize wrestling schedule for next season</li> <li>• Organize off season - weight lifting and wrestling practices</li> <li>• Wrestlers attend wrestling camps</li> </ul>
<p><b>September</b></p>	<ul style="list-style-type: none"> <li>• Apply for and complete personal clearances</li> <li>• Complete Cardiac and Concussion in-service programs</li> <li>• Update Team Commitment Forms and submit to AD</li> <li>• Join District and Pa. Coaches Association</li> <li>• Recruit wrestlers, coaching staff, booster parents, etc.</li> <li>• Attend PIAA Rules Clinic</li> <li>• Order and read updated NFHS Rulebook &amp; Casebook</li> <li>• Meet with principal and/or AD to discuss eligibility notification procedures</li> </ul>
<p><b>October</b></p>	<ul style="list-style-type: none"> <li>• Schedule and organize scrimmages</li> <li>• Finalize Wrestling Competition Schedule and bus schedule. Check any overnight travel reservations.</li> <li>• Hire referees for matches and tournaments</li> <li>• Distribute Physical/Parent Permission Form</li> <li>• Finalize all staffing resources/meet with staff</li> <li>• Recertify weigh-in scales</li> <li>• Begin Wrestler Weight Certification Process “OPC” with school trainer</li> </ul>
<p><b>November</b></p>	<ul style="list-style-type: none"> <li>• Complete Wrestler “Weight Certification Process”</li> <li>• Proofread and check Eligibility List &amp; certified weights</li> <li>• Plan and conduct Parents/Booster Meeting</li> <li>• Begin wrestling practices</li> <li>• Contact media w/team rosters/statistics</li> <li>• Prepare and distribute Travel Release forms</li> </ul>
<p><b>December</b></p>	<ul style="list-style-type: none"> <li>• Wrestling Competition - Tournaments and Dual Meets</li> </ul>
<p><b>January</b></p>	<ul style="list-style-type: none"> <li>• Wrestling Competition - Tournaments and Dual Meets</li> </ul>
<p><b>February thru March</b></p>	<ul style="list-style-type: none"> <li>• District / Regional / State Competitions</li> <li>• Plan Banquet and end of season awards</li> <li>• Collect equipment</li> <li>• Complete PWCA Academic All-State Nominations</li> <li>• Complete Scholarship nominations</li> <li>• Update team website</li> </ul>

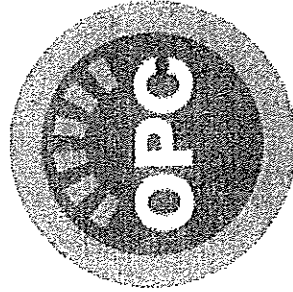
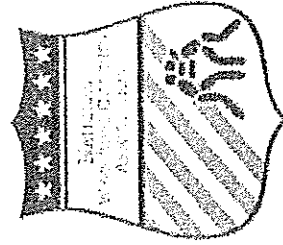


 / [Student-Athlete Well-Being](#) / [NWCA Optimal Performance Calculator For Weight Management](#)

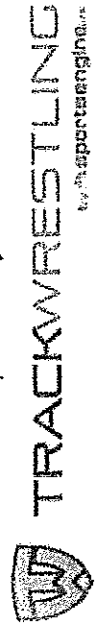
 [STUDENT-ATHLETE WELL-BEING](#)



# NWCA Optimal Performance Calculator For Weight Management



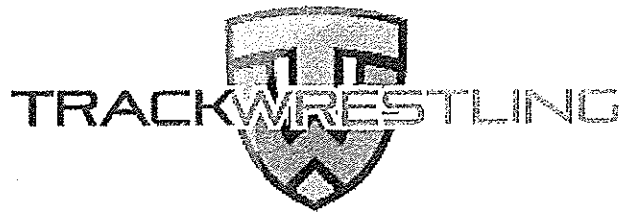
powered by



## OVERVIEW:

The National Wrestling Coaches Association (NWCA) is a recognized leader in helping student-athletes maximize their performance through the use of proven weight management/sport nutrition practices. In fact, over 240,000 middle school, high school, and college student-wrestlers use the NWCA Optimal Performance Calculator (OPC) powered by Trackwrestling annually to establish an ideal competition weight. In addition, over 8,000 coaches and 8,000 athletic trainers participate in the program each year.

88%



## General Assessors Instructions

### 1. Season login

Click [here](#) for a video on this topic.

1. Go to <http://www.trackwrestling.com/seasons>
2. Select your season and click the blue [Login] button
3. Enter your username/password and click the > button or hit the 'Enter' key on your keyboard
4. Update your account information if prompted

### 2. Edit admin account info in a season

1. Log into your account as an admin
2. Click on MY ACCOUNT in the blue top menu
3. Click on EDIT ACCOUNT
4. Update necessary information and then click the [Save] button at the bottom of the page

**\*\*NOTE\*\*** - Some account information is locked and can't be edited

### 3. Add wrestlers to roster

To import your roster from a previous season:

Click [here](#) to watch a video on importing a roster:

1. Click on the 'Roster' link in the grey top menu
2. Click on the [Import Roster] button
3. Select the season and team you wish to import from and then click the [Next] button
4. Place a check mark in the box next to any wrestlers you wish to import and then click the [Import] button
5. The imported wrestlers will then appear on your roster
6. To edit a wrestler's information you can click on the name of the wrestler

**To add team members manually:**

Click [here](#) to watch a video on adding roster members:

1. Click on the 'Roster' link in the grey top menu

2. Click on the [Add Wrestler] button
3. Fill out the form with information about the wrestler you are adding
4. Click the [Add] button
5. The added wrestler will then appear on your roster
6. To edit a wrestler's information you can click on the name of the wrestler

NOTE: The first wrestler listed in a weight class is assumed to be the starter. You can use the 'Order' column to move wrestlers around and then use the [Save Order] button to save it.

#### 4. Edit wrestlers on roster

1. Click the ROSTER link in the grey top menu from your team page to see your roster
2. To edit a wrestler's information you can click on the blue name of the wrestler
3. Make changes on the 'Edit Wrestler' page and select [Save Wrestler]

**\*NOTE 1\*** - Some information can't be changed because of ties to the weight management system.

**\*NOTE 2\*** - The first wrestler listed in a weight class is assumed to be the starter. You can use the 'Order' column to move wrestlers around and then use the [Save Order] button to save it.

#### 5. Enter practice transactions

Click [here](#) for a video on this topic.

**\*\*NOTE\*\*** - Some of the steps in this process may vary slightly.

1. Log in with your username and password
2. **If you are an Assessor:** click on the team you want to enter practice assessments for. **If you are a team admin:** click Weight Management in the grey menu.
3. If there is a practice transaction listed click on it and skip to step 5. Otherwise, click the [Add Transaction] button.
4. Enter values for all the fields and be sure to select 'Practice' for the field 'Transaction Mode'. Click the [Add] button to be taken to the practice transaction.
5. Click the [Add Assessment] button
6. Select either a male or female test wrestler, check/edit the assessment date and answer the 'Passed Hydration' question or enter the 'Specific Gravity' value. Click the [Next] button.
7. Select a measurement type if prompted and click [Next].
8. Enter the measurement data and click the [Next] button. The data required on this page will vary from state to state.
9. Review the assessment results. The results displayed will vary from state to state.
10. Click [Previous] to modify any measurements or click the [Done] button to finish.  
**\*\*NOTE\*\*** - Practice assessments are not saved so they will not appear in the list.
11. Click the [Add Assessment] button again to enter another practice assessment to this transaction or click 'Transactions' link to see all transactions.

## 6. Enter assessments and/or appeals

Click [here](#) for a video on this topic.

**\*\*NOTE 1\*\*** - Some of the steps in this process will vary slightly.

**\*\*NOTE 2\*\*** - If you are adding an appeal the process will be the same. The system will detect and identify the assessment as an appeal.

1. Log in with your username and password
2. **If you are an assessor:** click on the team you want to enter assessments for. **If you are a coach:** click 'Weight Management' in the grey menu.
3. If you are adding to an existing transaction click on it and skip to step 5. Otherwise, click the [Add Transaction] button to create a new transaction.
4. Select your name from the assessors list, enter the hydration tester if prompted and select 'Live' for the transaction mode. Click the [Add] button to be taken to the transaction.
5. Click the [Add Assessment] button
6. Select the wrestler from the drop down menu. If the wrestler is not in the list and there is a [New] button available next to the drop box, then use the [New] button to add or import them to the roster. Otherwise wrestlers will need to be added from the 'Roster' page.
7. Check/edit the assessment date and answer the 'Passed Hydration' question or enter the 'Specific Gravity' value. Click the [Next] button.
8. Select a measurement type if prompted and click [Next].
9. Enter the measurement data and click the [Next] button. The data required on this page may vary.
10. Review the assessment results. The results displayed may vary.
11. **If you are entering assessments for another wrestler:** Click the [Next Wrestler] button. **If you are done adding assessments:** Click the [Finish] button.

## 7. Commit a transaction

Click [here](#) for a video on this topic.

1. Once you are finished entering assessments you will need to commit the transaction. By committing a transaction you are verifying that all of the information is correct on each assessment. Once a transaction has been committed you will no longer be able to add or make changes to the assessments.
2. Click the [Commit] button and type 'commit' to sign off on the assessments in the transaction.

## 8. View teams and transactions as an assessor

Click [here](#) for a video on this topic.

**\*\*NOTE\*\*** - Some of these steps may vary slightly.

1. Click MY ACCOUNT => My Teams to see any teams you can access. Click on a team to see a team's roster, transactions and assessments. If you do not see any teams then you have not been assigned yet.
2. Click MY ACCOUNT => My Transactions to see your transactions. Click on a transaction to view assessments.

## 9. Edit assessments

Click [here](#) for a video on this topic.

1. If you are going back to an existing transaction click My Account => My Transactions to see current transactions. Click on a transaction to view assessments.
2. Click the wrestler assessment you would like edit. *Some states do not allow assessments to be altered once the transaction has been committed*
3. Once changes have been made, click [Save] and then [Recalc] if necessary.

## 10. Approve, deny, report errors on assessments

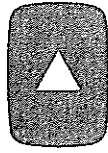
Click [here](#) for a video on this topic.

**\*\*NOTE\*\* - Some of these steps may vary slightly.**

1. You may receive an email when assessments are ready to review, and if you click the link in that email to review the assessments you will be taken to step 4.
2. If you are an assessor: click 'My Account' => 'My Teams' and then click on the team you are entering assessments for. Use the [Search] button to quickly find a team. If you are a team admin: click 'Weight Management' in the grey top menu
3. Click the transaction you are approving assessments for.
4. You can review the weight loss plan by clicking the scale icon next to the wrestler's name. This may be locked for some users.
5. To update status one assessment at a time: Click the pending status icon that looks like a clock. Select the correct status and complete the steps that follow. To update status for multiple assessments at once: If available, place a check next to assessments you wish to update and click the [Approve Selected] or [Deny Selected] button. Complete the steps that follow.



Logging into a season team



## LOGIN INSTRUCTIONS

Go to <http://www.trackwrestling.com/seasons>

Select your season and click the blue [Login] button

Enter your username/password and click the > button or hit the 'Enter' key on your keyboard

Update your account information if prompted

Need more help?

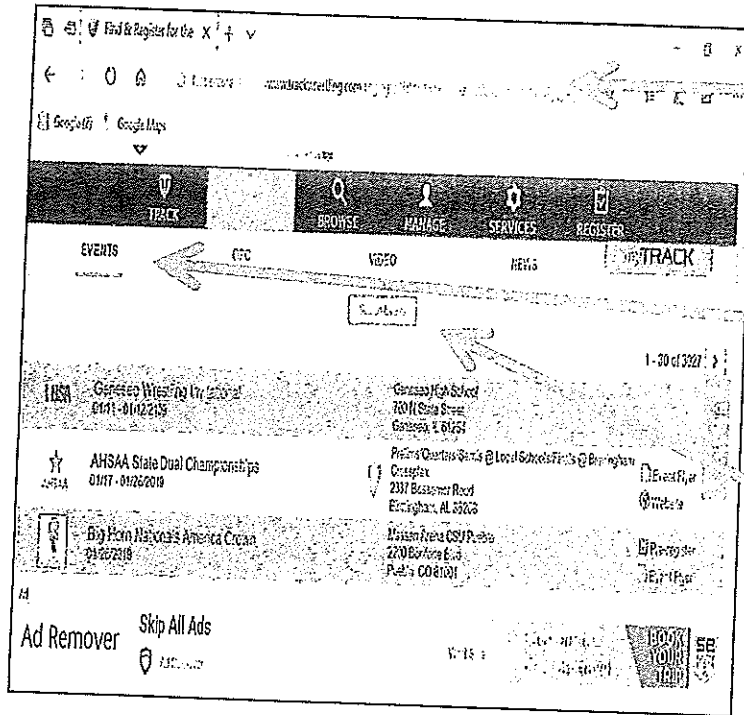
[GENERAL INSTRUCTIONS >](#)

[FAQs >](#)

If you have any questions or concerns please *submit a ticket* to Trackwrestling.

## Fan's Guide To TrackWrestling

TrackWrestling is the online program that VHSL uses to manage tournaments. This Fan's Guide helps you find tournament brackets, wrestler mat assignments, match results, team scores and more

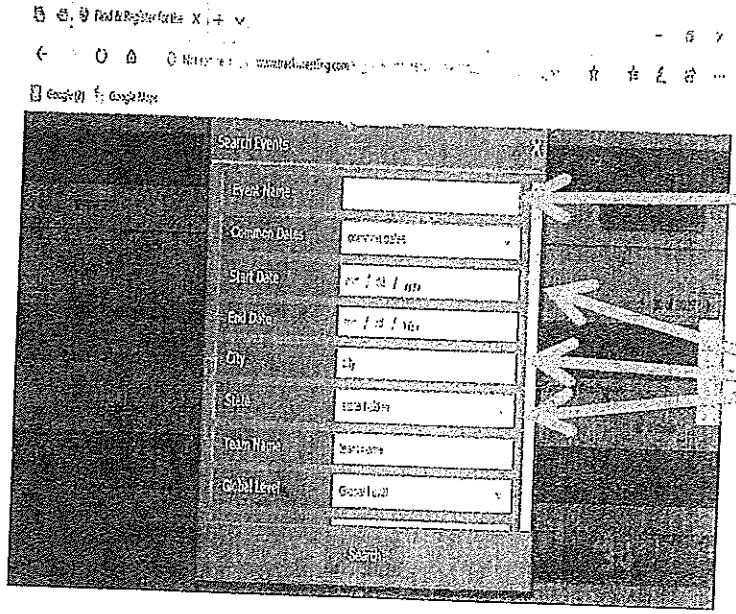


Go to the **TrackWrestling** Website or use their TrackWrestling Mobile App <https://www.trackwrestling.com>

Note: You will periodically have to close pop-up ads

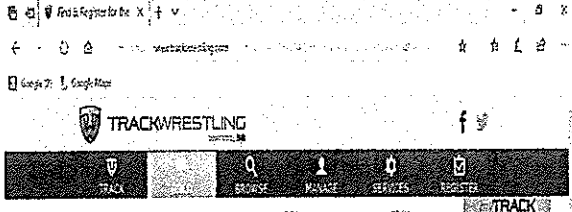
Select "Events"

Select "Functions" and then "Search Events"

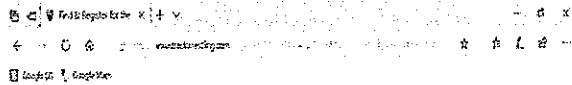
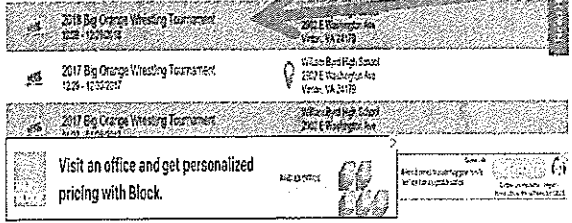


Enter the Event Name For Example "Big Orange"

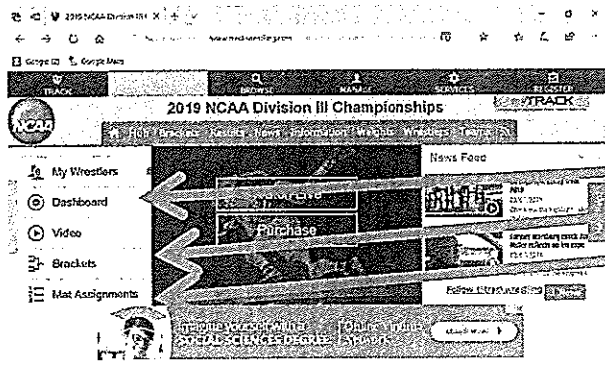
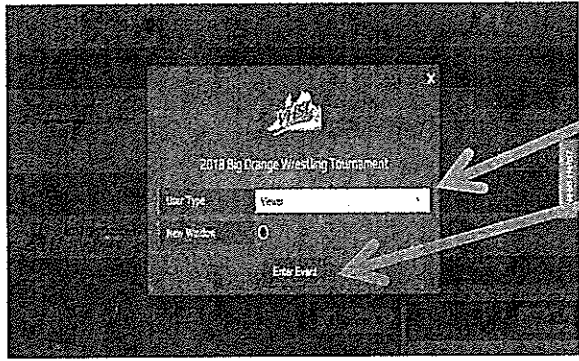
If you do not immediately find the event.  
Enter more details (start date, city, etc.) to narrow the search.



Once you locate the Event.  
Click on / Select the Event.

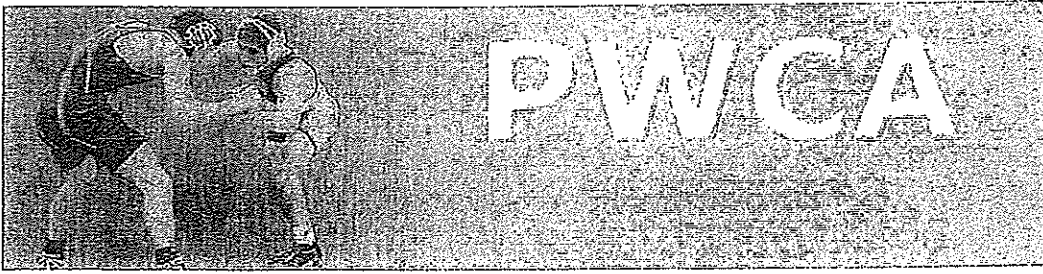


The screen to the left will appear.  
The User Type is "Viewer"  
Select "Enter Event"



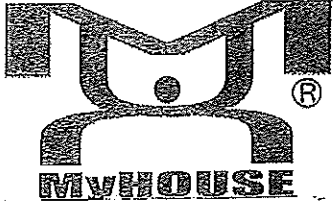
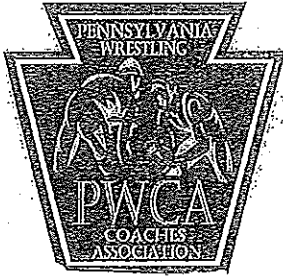
Once you are in the Event there  
are three places fans commonly  
want to look:

- Dashboard
- Brackets Sheets
- Mat Assignments



Pennsylvania Wrestling Coaches Association News & Events

- [Board of Directors 2019-2020](#)
- [Coach-of-the-Year](#)
- [PWCA Hall of Fame](#)
- [Nomination Coach-of-the-Year](#)
- [All Academic Form 2020](#) (Deadline 5/01/20)
- [Scholarship Form 2020](#)
- [PWCA Membership Form](#) (updated)
- [PWCA Hall of Fame Information Form](#)
- [Duties of the District Presidents](#)
- [Constitution and By-Laws](#)
- [PA Wrestling Website](#)



PWCA Board of Directors

President: John Reynolds, Greenville HS -- [jreynolds@greenville.k12.pa.us](mailto:jreynolds@greenville.k12.pa.us)  
 Past President: Ron Kanaskie, Danville HS --  
 Secretary: Ron Kanaskie, Danville HS -- [rkanaskie@danville.k12.pa.us](mailto:rkanaskie@danville.k12.pa.us)  
 Treasurer: Frank Wadas, Tunkhannock HS -- [fwadas@epix.net](mailto:fwadas@epix.net)  
 All-Academic Chairman: Bill Creps, Bedford HS -- [billcreps@comcast.net](mailto:billcreps@comcast.net)  
 Hall of Fame Chairman: Gene Waas, Easton HS -- [waasg@eastonsd.org](mailto:waasg@eastonsd.org)  
 PWCA Scholarship Chairman: Bob Greenly, Milton Area HS --  
[bgreenly@acfindustries.com](mailto:bgreenly@acfindustries.com)

District I: Jeff Madden, Pottsgrove HS -- [Maddenjeff56@gmail.com](mailto:Maddenjeff56@gmail.com)  
 District II: Steve Krushnowski, Wallenpaupack HS -- [krushnst@wallenpaupack.org](mailto:krushnst@wallenpaupack.org)  
 District III: Robert Crabb, Upper Dauphin HS -- [d3wrestling@comcast.net](mailto:d3wrestling@comcast.net) Mike Capozzoli, Newport HS -- [mcapozzoli@newportsd.org](mailto:mcapozzoli@newportsd.org)  
 District IV: Ben Hepburn, Loyalsock Township HS --  
[bhepburn@montoursville.k12.pa.us](mailto:bhepburn@montoursville.k12.pa.us)  
 District V: Pat Berzonski, Chestnut Ridge HS -- [patrick.berzonski@ctasd.org](mailto:patrick.berzonski@ctasd.org)  
 District VI: Jon Mykut, Huntingdon HS -- [jmykut@huntsd.org](mailto:jmykut@huntsd.org)  
 District VII: Ron Frank, Fox Chapel HS -- [Ron\\_Frank@fcasd.edu](mailto:Ron_Frank@fcasd.edu)  
 District VIII: Len Orbovich, Carrick HS -- [lorbovich1@pghschools.org](mailto:lorbovich1@pghschools.org) / Rudy Nesbit, Taylor Allderdice HS  
 District IX: Mike Kundick, Redbank Valley HS -- [mkundick@yahoo.com](mailto:mkundick@yahoo.com)  
 District X: Jeff Hiner, Union City HS -- [jhiner21@gmail.com](mailto:jhiner21@gmail.com)  
 District XI: Gene Waas, Easton Area HS -- [waasg@eastonsd.org](mailto:waasg@eastonsd.org)  
 District XII: Jim Savage, Father Judge HS - [jsavage@fatherjudge.com](mailto:jsavage@fatherjudge.com)



**PIAA COMPREHENSIVE INITIAL  
PRE-PARTICIPATION PHYSICAL EVALUATION**



**INITIAL EVALUATION:** Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may not be authorized earlier than June 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the latter of the next May 31<sup>st</sup> or the conclusion of the spring sports season.

**SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR:** Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

**SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

**PERSONAL INFORMATION**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Date of Student's Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age of Student on Last Birthday: \_\_\_ Grade for Current School Year: \_\_\_

Current Physical Address \_\_\_\_\_

Current Home Phone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

Fall Sport(s): \_\_\_\_\_ Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Prescription Medications and conditions of which they are being prescribed \_\_\_\_\_

\_\_\_\_\_

**SECTION 2: CERTIFICATION OF PARENT/GUARDIAN**

The student's parent/guardian must complete all parts of this form.

A. I hereby give my consent for \_\_\_\_\_ born on \_\_\_\_\_ who turned \_\_\_\_\_ on his/her last birthday, a student of \_\_\_\_\_ School and a resident of the \_\_\_\_\_ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20\_\_\_\_ - 20\_\_\_\_ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

B. **Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at [www.piaa.org](http://www.piaa.org), include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

C. **Disclosure of records needed to determine eligibility:** To enable PIAA to determine whether the herein named student is eligible to participate in interscholastic athletics involving PIAA member schools, I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

D. **Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

E. **Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 6 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

F. **CONFIDENTIALITY:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

#### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

#### What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, *one or more* of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

#### What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  - The right equipment for the sport, position, or activity;
  - Worn correctly and the correct size and fit; and
  - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_





**SECTION 5: HEALTH HISTORY**

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.

		Yes	No		Yes	No	
1.	Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	23.	Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	24.	Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	25.	Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	26.	Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27.	Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28.	Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29.	Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30.	Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has a doctor ever told you that you have (check all that apply):			<b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b>			
	<input type="checkbox"/> High blood pressure			31.	Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> High cholesterol			32.	Have you been hit in the head and been confused or lost your memory?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	33.	Do you experience dizziness and/or headaches with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	34.	Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	35.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	36.	Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Does anyone in your family have Marfan syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	37.	When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
15.	Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	38.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
16.	Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	39.	Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
17.	Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below:	<input type="checkbox"/>	<input type="checkbox"/>	40.	Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
18.	Have you had any broken or fractured bones or dislocated joints? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	41.	Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
19.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:	<input type="checkbox"/>	<input type="checkbox"/>	42.	Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
	Head    Neck    Shoulder    Upper arm    Elbow    Forearm    Hand/ Fingers    Chest			43.	Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
	Upper back    Lower back    Hip    Thigh    Knee    Calf/shin    Ankle    Foot/ Toes			44.	Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
20.	Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	45.	Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
21.	Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	46.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
22.	Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	<b>FEMALES ONLY</b>			
				47.	Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
				48.	How old were you when you had your first menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
				49.	How many periods have you had in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
				50.	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION  
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School Sport(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_) RP \_\_\_\_\_

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

Age 10-12: BP: >126/82, RP: >104; Age 13-15: BP: >136/86, RP >100; Age 16-25: BP: >142/92, RP >96.

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: YES NO (circle one) Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

**CLEARED**  **CLEARED**, with recommendation(s) for further evaluation or treatment for: \_\_\_\_\_

**NOT CLEARED** for the following types of sports (please check those that apply):

COLLISION  CONTACT  NON-CONTACT  STRENUOUS  MODERATELY STRENUOUS  NON-STRENUOUS

Due to \_\_\_\_\_

Recommendation(s)/Referral(s) \_\_\_\_\_

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN**

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

**SUPPLEMENTAL HEALTH HISTORY**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Date of Student's Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age of Student on Last Birthday: \_\_\_\_ Grade for Current School Year: \_\_\_\_

Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address \_\_\_\_\_

Current Home Telephone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

**SUPPLEMENTAL HEALTH HISTORY:**

Explain "Yes" answers at the bottom of this form. Circle questions you don't know the answers to.

- |  |  |
|--|--|
| <p>1. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? <span style="float: right;">Yes No</span></p> <p align="right"><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> | <p>4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? <span style="float: right;">Yes No</span></p> <p align="right"><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> |
| <p>2. Since completion of the CIPPE, have you had a concussion (i.e. belt rung, ding, head rush) or traumatic brain injury? <span style="float: right;">Yes No</span></p> <p align="right"><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>   | <p>5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? <span style="float: right;">Yes No</span></p> <p align="right"><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>  |
| <p>3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? <span style="float: right;">Yes No</span></p> <p align="right"><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>  | <p>6. Do you have any concerns that you would like to discuss with a physician? <span style="float: right;">Yes No</span></p> <p align="right"><input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p>   |

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.  
 Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.  
 Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE**

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

**NOTE:** The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Enrolled in \_\_\_\_\_ School \_\_\_\_\_

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A. GENERAL CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_

**B. LIMITED CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_

**Section 9: CIPPE MINIMUM WRESTLING WEIGHT**

**INSTRUCTIONS**

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner (AME) and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season (See NOTE 1). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator (OPC) (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the student must obtain an AME's consent to participate.

For all wrestlers, the MWW must be certified to by an AME.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Enrolled in \_\_\_\_\_ School \_\_\_\_\_

**INITIAL ASSESSMENT**

I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA OPC, and have determined as follows:

Urine Specific Gravity/Body Weight \_\_\_\_\_ / \_\_\_\_\_ Percentage of Body Fat \_\_\_\_\_ MWW \_\_\_\_\_

Assessor's Name (print/type) \_\_\_\_\_ Assessor's I.D. # \_\_\_\_\_

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CERTIFICATION**

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is certified to wrestle at the MWW of \_\_\_\_\_ during the 20\_\_\_\_ - 20\_\_\_\_ wrestling season.

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP Date of Certification \_\_\_\_/\_\_\_\_/\_\_\_\_  
(circle one)

For an appeal of the Initial Assessment, see NOTE 2.

**NOTES:**

1. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15<sup>th</sup> and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.
2. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment.

(please turn page over)

**Section 10: 2020-2021 SUPPLEMENTAL ACKNOWLEDGEMENT, WAIVER AND RELEASE: COVID-19**

The COVID-19 pandemic presents athletes with a myriad of challenges concerning this highly contagious illness. Some severe outcomes have been reported in children, and even a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be far more vulnerable.

While it is not possible to eliminate all risk of being infected with or furthering the spread of COVID-19, PIAA has urged all member schools to take necessary precautions and comply with guidelines from the federal, state, and local governments, the CDC and the PA Departments of Health and Education to reduce the risks to athletes, coaches, and their families. As knowledge regarding COVID-19 is constantly changing, PIAA reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure to athletes, coaches and other involved persons. Additionally, each school has been required to adopt internal protocols to reduce the risk of transmission.

The undersigned acknowledge that they are aware of the highly contagious nature of COVID-19 and the risks that they may be exposed to or contract COVID-19 or other communicable diseases by permitting the undersigned student to participate in interscholastic athletics. We understand and acknowledge that such exposure or infection may result in serious illness, personal injury, permanent disability or death. We acknowledge that this risk may result from or be compounded by the actions, omissions, or negligence of others. The undersigned further acknowledge that certain vulnerable individuals may have greater health risks associated with exposure to COVID-19, including individuals with serious underlying health conditions such as, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer, and other conditions requiring such therapy. While particular recommendations and personal discipline may reduce the risks associated with participating in athletics during the COVID-19 pandemic, these risks do exist. Additionally, persons with COVID-19 may transmit the disease to others who may be at higher risk of severe complications.

By signing this form, the undersigned acknowledge, after having undertaken to review and understand both symptoms and possible consequences of infection, that we understand that participation in interscholastic athletics during the COVID-19 pandemic is strictly voluntary and that we agree that the undersigned student may participate in such interscholastic athletics. The undersigned also understand that student participants will, in the course of competition, interact with and likely have contact with athletes from their own, as well as other, schools, including schools from other areas of the Commonwealth. Moreover, they understand and acknowledge that our school, PIAA and its member schools cannot guarantee that transmission will not occur for those participating in interscholastic athletics.

**NOTWITHSTANDING THE RISKS ASSOCIATED WITH COVID-19, WE ACKNOWLEDGE THAT WE ARE VOLUNTARILY ALLOWING STUDENT TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS WITH KNOWLEDGE OF THE DANGER INVOLVED. WE HEREBY AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY AND/OR DEATH RELATED TO COVID-19, ARISING FROM SUCH PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF PIAA OR OTHERWISE.**

We hereby expressly waive and release any and all claims, now known or hereafter known, against the student's school, PIAA, and its officers, directors, employees, agents, members, successors, and assigns (collectively, "Releasees"), on account of injury, illness, disability, death, or property damage arising out of or attributable to Student's participation in interscholastic athletics and being exposed to or contracting COVID-19, whether arising out of the negligence of PIAA or any Releasees or otherwise. We covenant not to make or bring any such claim against PIAA or any other Releasee, and forever release and discharge PIAA and all other Releasees from liability under such claims.

Additionally, we shall defend, indemnify, and hold harmless the student's school, PIAA and all other Releasees against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including attorney fees, fees, and the costs of enforcing any right to indemnification and the cost of pursuing any insurance providers, incurred by/awarded against the student's school, PIAA or any other Releasees in a final judgment arising out or resulting from any claim by, or on behalf of, any of us related to COVID-19.

We willingly agree to comply with the stated guidelines put forth by the student's school and PIAA to limit the exposure and spread of COVID-19 and other communicable diseases. We certify that the student is, to the best of our knowledge, in good physical condition and allow participation in this sport at our own risk. By signing this Supplement, we acknowledge that we have received and reviewed the student's school athletic plan.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Student's Name

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

\_\_\_\_\_  
Print Parent/Guardian's Name

Revised – October 7, 2020

# Medical Box

## Recommended Contents and Use of Items

Medical Item	Amount	Use of Item
List of Emergency Contact Numbers		Includes parent contact information
Scissors	1	For cutting tape
Nail Clippers	1	
Shaving Razors	6	
Shaving lubricant	1	
<b>Bleeding</b>		
Rubber Gloves	12	Prevent spread of blood borne diseases
Red medical trash bags - small	4	Dispose of blood soiled materials
Nose Plugs	60	Stop nose bleeds
Assorted Band aids	30	Cover cuts
4" x 4" Gauze Pads	10	Cover cuts
3" x 3" Gauze Pads	10	Cover cuts
Sterile wipes	50	Clean cuts prior to covering
2" Elastic Tape	4	Taping joints that need movement
Gauze Wrap	4	Securing gauze pads in place
Antibacterial ointment - - Neosporin	1	Mild anti-bacterial to prevent infection
Hydrogen Peroxide	1	Mild antiseptic used on the skin to prevent infection of minor cuts, scrapes, and burns.
Skin Lubricant (Vaseline)	1	Slow bleeding
<b>Sprains &amp; Bruises</b>		
Ice Packs	4	Reduce swelling and pain
Pre-Wrap	2 rolls	To protect skin from tape adhesion
4" Compression / Elastic Wrap	2 rolls	Many uses - secure ice packs, compression on bruises,
2" Compression / Elastic Wrap	2 rolls	Use on hands
Arm Sling	1	Immobilize shoulder joint
1" Athletic Tape	12 rolls	Immobilizing joints
Teraderm Film / Moleskin	6	Covering blisters



## CONCUSSIONS IN YOUTH SPORTS A FACT SHEET FOR PARENTS

### **What Is a Concussion?**

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head, can be serious. You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### **What are the Signs and Symptoms of a Concussion?**

#### **Signs Observed by Parents or Guardians**

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- \*Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

#### **Symptoms Reported by Athlete**

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not “feel right”

### **How Can You Help Your Child Prevent a Concussion?**

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow the coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.

### **What Should You Do if You Think Your Child Has a Concussion?**

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. Keep your child out of play. Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s ok. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. Tell your child’s coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.





## SUDDEN CARDIAC ARREST EDUCATION AND INFORMATION

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same.

A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

If not treated within minutes, SCA results in death. The normal rhythm of the heart can only be restored with defibrillation, an electrical shock that is safely delivered to the chest by an automated external defibrillator (AED).

### How common is sudden cardiac arrest?

The Centers for Disease Control and Prevention estimate that every year there are about 300,000 cardiac arrests outside hospitals. About 2,000 patients under 25 die of SCA each year.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- dizziness;
- lightheadedness;
- shortness of breath;
- difficulty breathing
- racing or fluttering heartbeat (palpitations);
- syncope (fainting);
- fatigue;
- weakness;
- nausea;
- vomiting; and
- chest pains.

These symptoms can be unclear and confusing in athletes. Often, people confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who have SCA die from it. Symptoms are the body's way of indicating that something might be wrong. Athletes who experience one or more symptoms should get checked out.

### What is the best way to treat Sudden Cardiac Arrest?

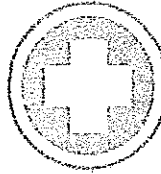
- Early Recognition of SCA
- Early 9-1-1 access
- Early CPR
- Early Defibrillation
- Early Advance Care

### What is the best way to keep student athletes safe while practicing or playing?

- Any student who has signs or symptoms of SCA must be removed from play. The symptoms can happen before, during, or after activity. Play includes all athletic activity.
- Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

An electrocardiogram (EKG) is a test that can detect underlying heart irregularities and conditions that can lead to Sudden Cardiac Arrest (SCA). Diagnosis and treatment of these heart conditions can prevent SCA. Student athletes and parents have the right to request their own primary care physician to order an EKG at the time of their standard annual physical examination. If assistance is required, the school district physician can order the test at the family's expense. Athletes should submit EKG results along with their Sections 5 and 6 PIAA CIPPE forms to the athletic office.

## Minor Aches and Pains



The **RICE Method** is a home treatment method that can be used on specific areas of the body during the first 48 -72 hours depending on the seriousness of the injury. **RICE** is an acronym to help remember the four most important things to do following a sprain / strain and soft tissue type injuries.

### The RICE Method:

**REST:** Keep weight off the affected joint or limb. Limit the use of the muscle / joint.

**ICE:** Apply cold treatments in the form of ice packs to injuries involving muscle strains, sprains and soft tissue damage. You should apply an ice pack (frozen vegetable package or a cold pack from the pharmacy) on the injured area for 20 minutes, several times a day. This can help reduce swelling and inflammation and numbs the area to reduce pain. The icepack should be wrapped in something such as a cloth and not placed directly onto the skin. Icing for longer than 20 minutes is not advisable as this can damage the skin. Cold treatments are generally used during the first 48 – 72 hours after injury.

**Compression:** Use a compression bandage to put an even amount of pressure on the injured area. This helps reduce swelling and can reduce pain. Be careful not to make the bandage too tight. Compression is helpful for swelling and for pain, so if either of these exists, there's no real reason to stop compression.

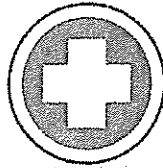
**Elevation:** Keep the injured area elevated above heart level to reduce swelling.

Heat treatment is best used only after the first 48-72 hours following the injury. Heat treatments are used to ease muscular pains and to help increase blood flow to the affected area. This is why heat therapy is **not** advisable immediately after an injury as this will increase body temperature and increase bleeding.

In general, after the first 48-72 hours, use heat before exercise and ice after exercise. Additionally, alternating hot and cold baths can be used after the first 48 -72 hours. Start with warm water (as hot as the child can comfortably stand, from the tap), place the injured area in the warm water for 3 minutes, and then move into ice water for 1 minute. Repeat at least three times for best results.

Taking medication (Ibuprofen, aspirin and Acetaminophen) to relieve pain can be helpful. Wrestlers' should always talk with their parents prior to taking any medications.

You can also treat minor aches and pains that result from a wrestling practice with a warm Epsom salt bath. After you have showered from practice, at home, sit in a warm bath with Epsom salt sprinkled in for about 30 minutes. This helps to combat any general soreness from sports participation.



## Minor Cuts / Nose Bleeds

Immediately apply direct pressure over the cut. Continue pressure until evaluated by the Athletic Trainer. The Athletic Trainer will determine if and how the cut can be bandaged or if further medical assistance is required. Minor cuts and scratches can frequently be covered and wrapped with tape and the wrestler can return to practice. Deeper cuts may require stitches.

Nose bleeds can be treated with direct pressure by pinching the nostrils. After the bleeding has reduced, a cotton nose plug can be inserted into the nostril to apply constant pressure and prevent the loss of blood. The wrestler can usually continue wrestling with a nose plug.

## Ringworm and MRSA

Ringworm is a common skin fungus that can develop on a wrestler. Ringworm usually develops on parts of the skin that are not covered by the uniform or practice clothes. Ringworm typically has the appearance of a small red rash (less than one inch diameter) with a circular shape.

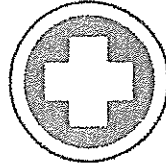
**Treatment for Ringworm:** Ringworm can usually be treated with non-prescription antifungal creams, lotions, or powders applied to the skin for 2 to 4 weeks. There are many non-prescription products available to treat ringworm, including: Clotrimazole, Lotrimin, Mycelex.

A wrestler can usually return to practice and competition after the infection is dry and a crust has developed. This typically happens after the infection has been treated for at least 72 hours. After that time, a taped bandage over the affected area is used to prevent skin damage during wrestling.

### **MRSA**

A much less common type of infection is called **MRSA** (Methicillin-resistant Staphylococcus aureus). MRSA is caused by a type of staph bacteria that's become resistant to many of the antibiotics used to treat ordinary staph infections. MRSA, generally starts as swollen, painful red bumps that might resemble pimples or spider bites. These can quickly turn into deep, painful abscesses that require surgical draining. Sometimes the bacteria remain confined to the skin. But they can also burrow deep into the body, causing potentially life-threatening infections in bones, joints, surgical wounds, the bloodstream, heart valves and lungs.

**MRSA is a serious medical condition.** The AT should be consulted if there is any concern of a possible MRSA infection. If a wound appears infected or is accompanied by a fever, see your doctor. Typically, the entire wrestling room and all equipment needs to be sanitized if a case of MRSA develops.



## Minor Aches and Pains

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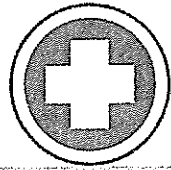
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## **Head, Neck & spinal injuries should be taken very seriously**

*All head, neck and spinal injuries should be taken very seriously. Injury to the head, neck and spine should be stabilized until the Athletic Trainer can be summoned to perform an evaluation.*

**Concussions** are a serious form of traumatic brain injury. Any possible concussion needs to be evaluated by the Athletic Trainer or other trained medical professional. The trained medical provider will determine what steps are recommended and how to handle each situation.

**When in doubt, sit the athlete out. A concussion can be a medical emergency.** If the wrestler sustains a loss of consciousness for any amount of time or has any of the following "Red Flag" signs/symptoms they should immediately be taken to Emergency Room.

### **Red Flag Symptoms include:**

- Any loss of consciousness, even if brief
- Seizure
- Increased sleepiness
- Worsening headache
- Persistent vomiting

**Other signs and symptoms of a concussion include:** dazed or stunned appearance, confusion, forgetful, uncertain, clumsy movements, slow response to questions, inability to recall events, headache, nausea, blurry vision, balance problems and dizziness, more emotional (sad, irritable), difficulty remembering or concentrating, trouble sleeping or sleeping more than normal, dilated pupils.



# FOX CHAPEL AREA SCHOOL DISTRICT DEPARTMENT OF ATHLETICS AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I, \_\_\_\_\_, understand and agree that others may assist or participate in providing medical care to my child. In order to be able to provide appropriate care to my child, medical information may need to be shared with caregivers other than the treating physician. This may include, but may not be limited to the team/school physician, resident or student physicians, school nurse, school athletic trainer, student athletic trainers, and licensed physical therapists.

In the space below, please provide the requested information about your son/daughter and yourself.

_____	_____	
Student's Name	Date of Birth	
_____	_____	_____
Home Address	City/State	Zip Code
_____	_____	_____
Parent/Guardian	Phone	E-mail

### Required Signatures:

By signing below, I am permitting the treating physician or therapist to discuss any and all necessary information pertaining to my child's overall health and well-being with those associated with the Fox Chapel Area Athletic Program. This may include, but is not limited to the team/school physician, school nurse, athletic trainer, coaches, and athletic director.

_____	_____
Parent/Guardian Signature	Date

Copy: Athletic Office A-4



## Use of Social Networking Sites

As representatives of the Fox Chapel Area School District, student athletes should remember that they are held to a high standard of behavior. You are expected to portray yourself, your team, and the Fox Chapel Area School District in a positive manner at all times. This specifically includes any activity conducted on social networking sites such as Facebook, Twitter, Snapchat, Instagram, and YouTube, etc. While FCASD Athletics supports and encourages your freedom of expression and other First Amendment rights, we are concerned about the safety and well being of you and of all of our student athletes. Therefore, any online postings must be consistent with federal and state laws, and team, school/athletic department, and/or PIAA rules and policies. This includes the following guidelines:

1. Before participating in any online community, be aware that anything posted online is available to anyone in the world the moment it is posted, regardless of whether you limit access to your site or post under an assumed name. Information posted on the internet (including pictures, videos, and comments) will likely be accessible even after you remove it.
2. Remember that what you post may affect your future. Many colleges, employers, and graduate school admissions officers review social networking sites as part of their overall evaluation of an applicant. Carefully consider how you want people to perceive you before you give them a chance to misinterpret something you have posted to the internet.
3. Do not post any information, photos, or other items online that could embarrass you, your family, your team, the athletic department, or the Fox Chapel Area School District. Posts from school property and/or during an event that can be considered inappropriate or perceived as an offensive, embarrassing, or an illegal activity may result in disciplinary action. This includes, but is not limited to, information, photos, quotes, and other items that may be tagged to you from another user.
4. If you have a grievance or an issue with a teacher, administrator, coach, a teammate, another student, or with anyone at the school, there are avenues available to you for addressing those issues. You are encouraged to use those means for addressing your issues and concerns. Online posts that are disrespectful to teammates, other students, coaches, teachers, or administrators may result in disciplinary actions.
5. Do not add a "friend" unless it is someone you actually know.
6. In order to minimize the potential of being stalked, assaulted, or otherwise victimized by criminal activity, limit the amount of personal information you post, and in particular, avoid posting information regarding your current whereabouts or future plans.
7. Do not post any information that would violate school district, athletic department, and team rules or policies and/or federal or state laws.
8. You must fully adhere to any team rules prohibiting or regulating postings on social networking sites during your team's playing season. Coaches have been given authority to impose such limits during the playing season and/or academic year.
9. The school's administration or head coach may impose sanctions that could range from notice to remove the posting or photo from your social networking site to dismissal from the team.

You must fully adhere to any team rules prohibiting or regulating postings on social networking sites during your team's playing season. Coaches have been given authority to impose such limits during the playing season and/or academic year.

**\*I acknowledge that I have been provided with the opportunity to read, review, & ask questions about this information.**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Sport

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Fox Chapel Area High School Athletic Travel Release Form

This is to certify that \_\_\_\_\_ (student's name) has my  
permission to ride from the \_\_\_\_\_ (sport) athletic contest  
on \_\_\_\_\_ (date) from \_\_\_\_\_ (location of contest)  
with \_\_\_\_\_.

I certify that I am personally transporting the above-named student.

\_\_\_\_\_  
(Signature of Parent/Guardian)

The adult responsible for transportation must personally see the advisor or coach in charge when taking a student following an event prior to a student leaving with the adult.

I understand that the Fox Chapel Area School District's athletic rules requires a student to ride the buses to and from all athletic events and departure from this requirement will release the Fox Chapel Area School District from all liability for any adverse results which may occur.

I agree to release the Fox Chapel Area School District and its employees and officers from all liability with reference to the above stated transportation.

This form must be signed by the athletic director or head coach prior to departure from Fox Chapel Area. The head coach must retain this form.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Head Coach

\_\_\_\_\_  
Signature of Athletic Director





## KEY RECRUITING CHECKLIST FOR STUDENT ATHLETES

It is a good policy to follow these practices each year of high school:

- Respond immediately to any coach who shows interest in you.
- Write a thank you note to coaches, assistant coaches, or recruiters who take the time to meet with you personally or come to watch you play.
- Keep your academic record in good standing and maintain a minimum Grade Point Average (QPA) of 2.0 out of 4.0 in your core courses.
- Regularly update your résumé/player bio to reflect academic and athletic improvements and achievements (sample on page 35).
- Attend summer camps held by colleges and reputable coaches and participate on off-season AAU/league/elite teams.

### Freshman and Sophomore Years

- Work with your guidance counselor to plan a challenging academic program that will meet NCAA requirements.
- Take the PSAT test in October of your sophomore year.
- Participate on high school athletic teams.
- Participate in off-season programs in your sport.
- Attend summer athletic camps at colleges that interest you.
- After your sophomore season ends, ask your coach for a realistic athletic evaluation, if he or she feels you can play collegiate sports, and at what level— Division I, II, III, or other.
- Register with the NCAA Eligibility Center at [eligibility.org](http://eligibility.org).
- Ask coaches for help in the recruiting process.
- Create a résumé/player bio and continually update it throughout your high school athletic career. (sample on page 35)
- Begin videotaping your games to compile a 5-6 minute highlight film that can be sent to coaches in your junior year.

### Junior Year

- Meet regularly with your guidance counselor to assure compliance with NCAA Bylaw 14.3.
- Take the SAT or ACT prep classes.
- Take the SAT or ACT in spring.
- Work with your guidance counselor to develop a list of colleges for your academic match.
- Ask coaches for an honest re-evaluation of your athletic performance, and if they have seen improvement.
- Ask coaches for their assistance in the recruiting process.
- Complete your 5-6 minute highlight film to send to coaches.
- Send a letter of interest to college coaches (sample on page 33) along with your updated résumé/player bio.
- Create a filing system to keep track of colleges that respond to your inquiry.
- Participate in summer programs and camps, such as AAU teams, state select teams, summer leagues, and elite/travel teams. Scouts often attend these events.
- Decide if you will use a professional recruiting service.

### Senior Year

- Develop a checklist and timetable to complete and submit all forms and information required by the NCAA, the college athletic department, and the student admissions office.
- Meet with your guidance counselor to make sure you meet current NCAA academic requirements. Discuss your college choices and complete the College Athlete Profile Sheet.
- File Form 48-H with the NCAA Clearinghouse, [www.ncaaclearinghouse.net](http://www.ncaaclearinghouse.net) (available at your guidance office).
- Send for college applications or complete them online.
- Fill out transcript request forms available in the FCAHS guidance office.
- Complete financial aid forms early (before January).
- If needed, retake the SAT or ACT.

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# PIAA DISTRICT 7 WRESTLING

## Welcome

The WPIAL (District 7) Wrestling Coaches Association exists to promote scholastic wrestling in Western Pennsylvania and represent the coaches on the local, state and national levels. While great care is taken to ensure that all information found on this website is accurate, mistakes may be made. If you see something in need of correction, please contact Ron Frank, Jose Martinez or Tim Giel.

## About

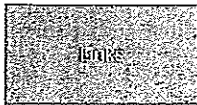
The WPIAL Wrestling Coaches Association was established over 20 years ago to help promote the interests of the District 7 wrestling coaches and programs at the local, state, and national level.

WPIAL stands for "Western Pennsylvania Interscholastic Athletic League" and is made up of schools from 10 counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, and Westmoreland. District 7 is one of the 12 districts governed by the Pennsylvania Interscholastic Athletic Association (PIAA).

The WPIAL is one of the largest of the 12 districts in the PIAA and represents over 140 schools in 25 Varsity level sports.



[HOME](#)



[Schools](#)

[Schedules](#)

[Results](#)

[Contacts and Forms](#)



## Important Links

### General Information

- [WPIAL Website](#)
- [PIAA Website](#)
- [NWCA Website](#)
- [PWCA Website](#)
- [The Coaches Insider](#)

### Courses and Weigh-In Tracking

- [Track Wrestling](#)
- [NFHS/LEARN](#)
  - [Concussion Course](#)
  - [Cardiac Arrest Course](#)

### News/Rankings/Blog

- [Wrestling Report](#)
- [Post Gazette](#)
- [Tribune Review](#)

### Miscellaneous

- [Tom Hilling's PA Wrestling District 3](#)
- [All time wrestling teams.htm](#)
- [Sports town wrestling.htm](#)

- [Important Dates](#)
- [Pittsburgh Wrestling Classic](#)
- [PGH Classic Press Release](#)
- [District 2](#)
- [District 10](#)
- [District 4](#)
- [District 9](#)

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# WPIAL WRESTLING COACHES ASSOCIATION

**2020-2021 MEMBERSHIP**  
**Pennsylvania Wrestling Coaches Association**  
**WPIAL(District 7) Wrestling Coaches Association**

Coach \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

School Address \_\_\_\_\_

School Phone \_\_\_\_\_ Circle One: AA AAA Section # \_\_\_\_\_

**Membership Type and Dues**

- \_\_\_\_\_ \$25 WPIAL (D7) Individual (one member) Membership ONLY
- \_\_\_\_\_ \$25 PWCA (State) Individual (one member) Membership ONLY
- \_\_\_\_\_ \$35 PWCA (State) & WPIAL Membership (one membership in both)
- \_\_\_\_\_ \$50 WPIAL Institutional Membership (entitles membership of entire staff K-12)
- \_\_\_\_\_ \$75 PWCA & WPIAL Institutional Membership (entitles membership of **entire** staff K-12 in *both associations*)

Institutional Members --- List Additional Members on back --- Please Print

Name	Position	E-mail
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Applications must be received by December 1, 2020

Make check payable to WPIAL Wrestling Coaches Association  
Tim Giel  
81 Mountain View Road  
Gibsonia, PA. 15044

## 2020-2021 Commitment for members of the Varsity Wrestling Team

**PURPOSE:** Our objective in having a Commitment for wrestlers of Fox Chapel Area High School is that each wrestler in this program may progress to a level as close to their full potential as possible. This potential includes not only the physical part of the student-athlete but the mental, moral, and emotional aspects as well. It is vital that each member of our team personally commits to the Goals and Rules of the program. The success and the integrity of our program depend on it. Without question, personally adopting and practicing these Rules will make you a better student-athlete.

You should understand that the coaching staff has no desire to sacrifice any aspect of this program for one or two individuals. Know, too, that we are committed to continue building an organization that people respect – not only today but also for years to come. We want you to be proud that you are and always will be a part of our wrestling family. We believe that discipline and character development must be an integral part of this equation if we are to achieve excellence in all phases of it. The wrestler above all must have self-discipline and be a person of solid character if the wrestler is to reach his potential as an athlete and, more importantly, as a person. We expect you to ***Practice excellence in the classroom and athletics.***

*Remember that you represent your parents, teammates, coaches and Fox Chapel Area High School at all times. Our goal is to develop self-respect and character.*

**Winning will take care of itself.**

For these reasons, each wrestler is required to adhere to the following rules:

Violation of the following may result in suspension or dismissal from the team as well as the forfeiture of a varsity letter and any awards

1-*Before all practices, scrimmages and matches --- your temperature must be recorded by a coach and you must answer all Covid questions. Masks must be worn at all times entering and leaving the building, in locker rooms, and weight and wrestling rooms when appropriate. Workout clothing and headgear are to be taken home each night and washed. Hand sanitizer and disinfectant wipes will be in the wrestling room and should be used often. No parents or visitors will be allowed in the building this season.*

2-Attend all practices, scrimmages, tournaments, matches and meetings unless excused by a coach. Be dressed and ready to warm up at the appropriate time. If you need to complete academic work after school, you may come to practice late with a note from a teacher. **If you are sick, you must contact the coach to report your illness.** *We recommend that you contact your family doctor about getting a flu shot.* Starters must attend practice the day prior to a competition (at a minimum to weigh-in) or they are not eligible to compete.

3-Abstain from all non-prescription drugs, vaping, juuling, alcohol and tobacco.

4- Show respect for opponents, teammates, managers and school personnel. Any form of hazing or victimizing members of the wrestling team is prohibited. Defiance or disrespect directed toward any member of the coaching staff is prohibited.

6-Report any injuries to the coaches immediately. *Wrestlers must see a coach before seeing a trainer for an injury. The training room is not a social gathering area.*

7. Any behavior or attitude deemed to be detrimental to Fox Chapel wrestling is prohibited and can result in dismissal from the team. This would include failing to be supportive of teammates and inappropriate use of social media criticizing opponents (Facebook, Twitter, emails, etc.).

8-A wrestler that misses a match or tournament (other than an absence due to illness or school responsibilities) must sit out an additional match.

9-If you have an issue or problem with a coach—see the coach to resolve the issue.

10-Shower after every practice. Wash all of your equipment daily.

GENERAL RULES: Failure to abide by the following basic rules will result in disciplinary action which may include any or all of the following: “positive reminders”, temporary suspension from practice and/or competitions, or dismissal from the team:

1. Challenge matches will be conducted to determine the starters in matches or tournaments. Any wrestler who has missed a practice and not made up for the absence is not eligible to eliminate. The coaching staff retains the right to modify the starters in the event of injury, discipline or level of experience for each competition. After December 24, challengers must defeat the starters, at a particular weight, in a “best of three” matches to earn the starting position. The coaching staff, of course, reserves the right to make lineup changes at any time. Always ask the coaching staff to make sure you understand the situation including exactly how much you should weigh for each match, the lineup, etc.

2. All wrestlers are asked to attend one of the elementary practices each month to teach and learn. Any missed varsity practices will be made up by attending and teaching at an additional elementary practice that week

3. Above all else, the coaching staff and the entire team must be able to depend on you. You must be reliable and dependable in everything that affects the well-being of Fox Chapel wrestling. Therefore, your attendance and punctuality in school and at practice is a must. If you are ill to the extent that you cannot attend school, you must call, text or email Coach Frank.

4. You are expected to be on time for school everyday.

5. Be five (5) minutes EARLY for all practices and matches.

- Regular practice starts at 2:45 PM SHARP and ends at approximately 5:00 PM
- Saturday and holiday practice is at 9:00AM SHARP!
- When school is cancelled because of snow, practices are scheduled for 10:00am. If there is a deviation from this schedule, you will be notified by text. These are NOT MANDATORY if you are unable to travel to the school safely. *No one should travel on roads that are unsafe.* You must call me (412-956-0519) by 9:00am if you have a problem getting to this practice.

6. Injured wrestlers must attend all practices and matches unless excused for medical treatment.
7. You must be checked DAILY for skin infections and report any suspected problems immediately. If you have ringworm or any other infection, you will not be allowed to practice unless you are presently applying a prescription medication. You must also have a "Communicable Skin Disease Form" completed by your doctor in order for you to compete in dual meets or tournaments. These forms are available in the training room or can be downloaded from the P.I.A.A website ([www.piaa.org](http://www.piaa.org))
8. Please use Kenshield prior to practice and competition.
9. Be polite and respectful toward our athletic trainers. Follow the rules of the training room. Have treatment completed before practice begins. If you become aware of a medical problem when not at school, call a coach for advice before making any other decisions.
10. Headgear must be worn at all times during practice while drilling and wrestling live.
11. You are expected to weigh in and weigh out EVERY practice.
12. We do not encourage you to lose weight. If you choose to cut weight, it must be done in a safe and sensible manner. Stay hydrated! You are also fully responsible to make the weight at which you agreed. You must know and understand the weight certification rules and your weight loss plan. If you are unable to abide by the following weight limits, you may not be allowed to compete at that weight class.
13. You are responsible for any and all equipment and uniforms assigned to you and must pay for lost items.
14. Do not use or take anything that does not belong or has been signed out to you without permission.
15. You are expected to keep the minimum of a passing average in EVERY class.
16. You are expected to behave as a responsible adult at all times (i.e., in school, out of school, in practice, at competitions, everyday of the year). Good sportsmanship is expected regardless of the situation.
17. Swearing, profanity and other foul language does not have a place in a school or athletic setting, please conduct yourself appropriately.
18. Displaying affection with girlfriends/boyfriends while at the site of competitions is prohibited.
19. The dress requirements for all AWAY competitions are: Shirt, tie & slacks. (No jeans or t-shirts)
20. Cell phones (calls and texting) should not be used when in uniform or on the bench. Photos are not to be taken in any locker rooms with or without an athlete's permission.

21. During competitions, only clothing which has been approved by the coaching staff (i.e., t-shirts, sweatshirts, sweatpants, shorts, etc.) will be allowed. Everyone must wear the same singlet (dual meets and tournaments) so be prepared.
22. You must travel to competitions with the team. You also may not leave the competition site without the approval of and personally speaking with the head coach first. If permission is granted, you may leave ONLY with your parent(s) who must sign a release form. Any other arrangement must be made in advance.
23. Wrestlers who have been eliminated from competition on the first day of a two-day tournament will be expected to participate in a practice at school. Make certain you check with the coaching staff for the starting time of that workout.
24. All team members must be continuously involved in the preparation for home wrestling events until its completion. When coaches indicate all tasks are finished, be prepared to meet briefly in the wrestling room. At the conclusion of all competitions, all team members will meet together with the coaching staff.
25. The following is required concerning behavior on the team bus:
  - Act appropriately
  - Keep hands and head inside the windows
  - Do not throw objects inside the bus or out the windows
  - Do not leave trash on the bus
26. Make arrangements for transportation home from away dual meets well in advance so that your ride is waiting at the Field House when the bus arrives at the school.
27. Be home before curfew each night of the wrestling season. Curfew hours are: 11:00pm Sunday through Friday evenings; midnight on Saturdays. See the coaches beforehand if a problem arises.
28. In most cases, varsity and JV spots on the team are decided through wrestle-offs.

#### GENERAL INFORMATION AND HELPFUL SUGGESTIONS:

1. Wrestling is a contact sport with the risk of injury always being present. In order to minimize the risk of injury, please observe the following:
  - Use proper techniques and refrain from using illegal, dangerous or potentially dangerous techniques
  - No horse play or "ultimate fighting" before, during or after practice
  - A coach must be present during any activity or workout
2. In the event of an injury, you should:
  - Report all injuries to coaches and/or trainer
  - Taping is to be done by the trainer BEFORE practice begins
  - Do not call or see your own doctor without FIRST notifying a coach and/or trainer
  - To treat any injury at home, do the following:

- ~apply ice (the most important thing) ...NEVER apply heat
- ~apply a compression bandage (ace wrap)
- ~elevate the injured part

4. You MUST shower immediately after every practice and competition preferably with an antifungal soap (Dial or Safeguard). BUY A SOAPDISH FOR YOUR LOCKER. This is the single most effective way to prevent skin infections including ringworm.

5. Wear CLEAN workout gear for EVERY practice. Wash knee pads regularly (use some bleach). We can wash gear, if necessary, in the Field House laundry room.

6. Clothing that advertises alcohol, drugs or tobacco products, contains vulgarities, profanity or would otherwise be considered inappropriate or does not project a positive or wholesome image is prohibited. Please wear FC Wrestling apparel whenever possible.

7. Uniforms need to be kept clean. When washing warm-ups & singlets, it is VERY IMPORTANT that the following washing instructions be followed:

- WASH SEPARATELY IN COLD WATER
- HANG TO DRY
- DO NOT USE THE DRYER TO DRY SINGLETS OR WARMUPS

8. Exchange and repair equipment AFTER practice.

9. Keep our practice area neat. Be sure to take all headgears, kneepads, clothing, etc. with you after practice. Also, do not spit on floors or stairways, etc.

10. Bring a lock and secure your belongings during practice and matches (home and away). You may keep a lock permanently on a locker in the lower locker room for the entire season. NEVER leave jewelry, money and other valuables unsecured in the locker room.

11. All required forms must be completed and returned before you may practice. This includes the FCASD Family ID registration, physicals, impact testing, NWCA weight certification and any other required paperwork.

12. The requirements to earn a varsity letter in wrestling are as follows:

- must complete the season and compete in minimum of 50% of the varsity competitions and collect a minimum of 36 points or a Senior completing the season.



2020-2021 Commitment and Guidelines for Wrestling

Dear Parent(s) and Wrestler:

As the purpose of this document indicates, the coaching staff is concerned about the total development of each student-athlete in our program. These guidelines have been established so that each wrestler may gain the greatest benefit from their high school educational and athletic experience in and through wrestling at Fox Chapel Area High School.

We ask that both the PARENT(S) and the WRESTLER sign in the spaces designated below indicating that you have read these rules and understand them. As always, if you have any questions or concerns now or in the future, feel free to contact the coaching staff. We welcome the opportunity to discuss your concerns with you.

I \_\_\_\_\_ have read the Commitment for wrestling at Fox Chapel Area High School and I understand all expectations and requirements as a FCAHS wrestler.

\_\_\_\_\_ (wrestler's signature) / cell # \_\_\_\_\_

I/We the parent(s) of \_\_\_\_\_ have read the Commitment and guidelines for wrestling at Fox Chapel Area High School and I/we understand these requirements as well as what is expected of my/our son/daughter.

\_\_\_\_\_ signature of parent(s)/guardian(s)

Parent contact/communication

Father: \_\_\_\_\_

Cell phone #: \_\_\_\_\_  
(name)

Email #1: \_\_\_\_\_

Address: \_\_\_\_\_

Mother: \_\_\_\_\_

Cell phone #: \_\_\_\_\_  
(name)

Email #1: \_\_\_\_\_

Address (if different) \_\_\_\_\_

## Additional Coaching Resources

### Technique Instruction Resources

As a coach, staying up to date on technique development and instructing wrestlers using the best technical methods is key. With that said, every coach can benefit from hearing technique taught a new way or learning a new series to help one of their athletes. Below are a just a few of the many resources that are available.

- **National Wrestling Coaches Association (NWCA):** <https://portal.nwcaonline.com/>
  - The NWCA has over 500 technique clips in their members-only portal. By using the OPC, coaches have free access to this database.
  
- **FloWrestling:** <https://www.flowrestling.org/training>
  - FloWrestling has an extensive video database (3000+ videos) of various techniques and series from some of the best wrestlers and clinicians in the world. To access most videos, a pro subscription is required (\$150/year).
  
- **Championship Productions:** <https://www.championshipproductions.com/cgi-bin/champ/wrestling-dvds-videos.html>
  - Championship Productions boasts “the world’s largest collection of instructional wrestling videos, books, and DVDs.” Their online store includes video series that dive into specific set-ups, series, etc. in great depth. Videos are priced individually and are shipped to you (they are not streamed). DVD capabilities required. Select technique snippets also available on YouTube. See below.
  
- **Cary Kolat:** <https://www.kolat.com/>
  - Kolat’s site has practice plans, team talks, videos from camps, teaching curriculum, and also great technique that targets wrestlers across experience levels, from videos focusing on stance to those including high level technique. Some content is free. For full access to all content, a yearly membership is required (\$149/year).
  
- **Rokfin:** <https://rokfin.com/>
  - Rokfin is a platform where creators and content developers have their own channels and post their own content. For some wrestling content providers, such as Ben Askren, Jordan Burroughs, and School of Wrestling, this includes technique videos. To access content on Rokfin, a monthly subscription is required (\$10/month).
  
- **YouTube:** <https://www.youtube.com/>
  - YouTube is one of the most well-known video platforms on the web. Videos appearing on YouTube are free, and so coaches may wish to start their technique search there. YouTube has videos from wrestlers and coaches that uploaded their own content, as well as briefer versions of certain company’s content, including Championship Productions and GOHioCasts. While there are thousands of different content creators, here are a few popular options.
    - <https://www.youtube.com/c/ChampionshipProductions>

- [https://www.youtube.com/channel/UC-yjaFx9uo\\_x4BFyzYElvqg](https://www.youtube.com/channel/UC-yjaFx9uo_x4BFyzYElvqg) (Fanatic Wrestling)
- <https://www.youtube.com/c/GOhioCasts>
- <https://www.youtube.com/c/DPSBreakdowns> (includes in-depth breakdowns of top-level wrestlers' signature moves)

As you explore options, note that your school may be willing to cover some costs as a coaching development and program resource. Each school varies so be sure to check with your administrator.

Compiled by Dr. Brooke Zumas

