

2011- 2012NJSIAA/*THE STAR LEDGER* WRESTLING RULES AND REGULATIONS

FORMS

FORMS LOCATED ON
www.nwcaonline.com

1. Minimum Weight Certification Individual Form
2. Minimum Weight Certification Team Form – Filed with Principal by December 16, 2011
3. Individual Bout Summary Form
4. Official Weigh In Form
5. Group Team Wrestling Championships School Admission and Weigh-In Form
6. District Tournament Admission and Weigh-In Form

FORMS LOCATED IN THIS PACKET

1. Tournament Refusal Form - Team– Due January 9, 2012 to NJSIAA
2. Tournament Refusal Form – District Due January 9, 2012 to NJSIAA
3. Physician Release for Skin Lesion(s) Form

Throughout the entire season, scores **MUST** be reported following each dual match to:

www.njschoolsports.com

Team Rosters for Tournament Program are due February 3, 2012 and must be submitted by the “interactive roster form” found on:

www.njschoolsports.com

If you do not know your school code, or encounter problems, please contact

support@njschoolsports.com

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
MINIMUM WEIGHT CERTIFICATE – INDIVIDUAL FORM

TO: ALL MEMBER SCHOOLS- Member schools will be required to duplicate this form for each wrestler participating in their wrestling program. **This completed form is to be kept on file in the school office.**

Student _____ High School _____
(Please Print) (Please Print)

Birth Date- (mm/dd/yyyy) ____/____/____ Properly Hydrated (spec. gravity<1.025) Yes No

Age at Testing _____ (years/months) Grade in School (9, 10, 11, 12) circle one

Height at Testing _____ inches Actual Weight at Testing _____ lbs.
(round down to next ½ inch)

Bio-Impedance- Body Fat Measurement _____ Bio-Impedance- Lowest Weight _____ lbs.

CERTIFYING PHYSICIAN

Based on the information above, I recommend that the above named wrestler should not be allowed to wrestle in any weight class less than the circled weight class listed below:

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

**Maximum Weight for any Wrestler

Date of Review _____ Signature of Certifying Physician _____

THIS IS A SAMPLE FORM LOCATED ON NWCAONLINE.COM
Note to Parents/Guardians, Wrestlers and Coaches: The purpose of this report is to prevent undue weight reduction for competitive purposes- reductions that might jeopardize the physical well being of the wrestler. During the season, which begins approximately to early-March, the wrestler should eat and drink normally, and gain weight regularly and consistently between weigh-ins and participating in wrestling activities.

PARENT/GUARDIAN RECOMMENDATION

I have read the recommendation made by the certifying physician and request that the wrestler listed above be limited to: **CHECK ONE:**

- _____ The minimum weight class circled above by the physician.
- _____ Not less than _____ pounds, which is greater than the circled weight above.

Date _____ Signature of Parent/Guardian _____

NOTE TO SCHOOL OFFICIALS

Each wrestler must pass the school's required physical exam and submit this form, signed by the certifying physician the wrestler's parent/guardian, coach and athletic director before engaging in any interscholastic wrestling. This form must be kept on file in the school office and be available on demand. **NO WRESTLER MAY WRESTLE IN A WEIGHT CLASS LESS THAN THE ONE CIRCLED ABOVE.** Each school must file a **Minimum Weight Certification TEAM FORM with the Principal by December 16, 2011.** Once filed, **Minimum Weights May Not Be Altered**, regardless of the reason, including typographical errors. Automatic re-certification will occur when a wrestler weighs-in more than one (1) weight class above the certified weight class.

Head Coach Signature _____ Athletic Director Signature _____

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
MINIMUM WEIGHT CERTIFICATION - TEAM FORM

_____ High School
Please Print
 _____, NJ 2011-12 Season

Please TYPE – INCOMPLETE FORMS WILL BE RETURNED. The following students will compete on our wrestling team:

<i>Name of Wrestler</i>	<i>% Body Fat</i>	<i>Actual Weight</i>	<i>Minimum Weight Class</i>	<i>Earliest Date</i>	<i>Latest Date</i>	<i>Minimum Weight</i>	<i>Earliest Date</i>	<i>Latest Date</i>

**THIS IS A SAMPLE
 FORM LOCATED ON NWCAONLINE.COM**

(List additional names on reverse side)
 THE UNDERSIGNED HEREBY CONSENT TO ABIDE BY THE RULES AND REGULATIONS OF THE NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION, AND HEREBY SUBMIT OURSELVES TO THE JURISDICTION OF THE SAID ASSOCIATION.

_____ HEAD COACH _____ ASST. COACH
 _____ ASST. COACH _____ ASST. COACH
 _____ ASST. COACH _____ ASST. COACH
 _____ ASST. COACH _____ ASST. COACH

The signatures of the Principal or Headmaster AND the Coaching staff are REQUIRED on this certificate.
 I certify that the students listed above and on the back of this form, from _____ High School, have meet the requirements for athletic competition. I FURTHER UNDERSTAND THAT THE MINIMUM WEIGHT CLASS WILL NOT BE ALTERED FOR ANY REASON ONCE FILED WITH THE PRINCIPAL.

Principal's Printed Name _____ Principal's Signature _____
(Stamped signature NOT acceptable.)

MUST BE COMPLETED AND FILED WITH THE PRINCIPAL BY DECEMBER 16, 2011 AND UPDATED CONTINUALLY AS NEW WRESTLERS BECOME CERTIFIED

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
INDIVIDUAL BOUT SUMMARY FORM

WRESTLER: _____

YEAR: **2011-2012**

TEAM: _____

GRADE: _____

SECTION: _____

DISTRICT: _____

REGION: _____

LOWEST CERTIFIED WT CLASS: _____

CAREER RECORD ENTERING SEASON: _____

PAST ACCOMPLISHMENTS: _____

REGULAR SEASON MATCHES

Match	Date	OPPONENT	SCHOOL	Actual Weight	Weight Class	Level V,J,V,F	W or L	Dec. MD, TF Fall Def, DQ	Score	Record	Opponent's NJSIAA State Advancement
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											

THIS IS A SAMPLE FORM LOCATED ON NWCAONLINE.COM

NJSIAA BOUT SUMMARY FORM

WRESTLER: _____ GRADE: _____ CERT. WT CLASS: _____

WEEK OF TEAM STATE CHAMPIONSHIPS

Match	Date	OPPONENT	SCHOOL	Actual Weight	Weight Class	Level V,J,V,F	W or L	Dec. MD, TF Fall Def, DQ	Score	Record	Opponent's NJSIAA State Advancement

RECORD ENTERING DISTRICTS: _____ PREVIOUS DISTRICT PLACE(S): _____

OF OFFICIAL (WEIGH-INS/WT CLASS) AND RECORD AT THAT WEIGHT: *i.e.*- (3/103) 2-1; (4/112) 10-4; (2/119) 0-2
 (/) _____; (/) _____; (/) _____

NJSIAA DISTRICT- _____

THIS IS A SAMPLE FORM LOCATED ON NWCAONLINE.COM

DISTRICT FINISH: _____ RECORD ENTERING REGIONS: _____

PREVIOUS REGION PLACE(S): _____
NJSIAA REGION- _____

REGION FINISH: _____ RECORD ENTERING STATES: _____

PREVIOUS STATE APPEARANCE(S), YEAR(S) AND ADVANCEMENT:

 ****WINS OVER OPPONENT(S) WITH HIGHEST STATE ADVANCEMENT (*include opponent's name, school, year & best advancement*)

NJSIAA STATE CHAMPIONSHIPS

STATE FINISH: _____

FINAL RECORD: _____

2011-12

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

DUAL MEETS AND TOURNAMENTS

School: _____

Date: ____ / ____ / ____

Wt Class	Name of Wrestler	Actual Weight	Name of Wrestler	Actual Weight
106				
113				
120				
126				
132				
138				
145				
152				
160				
170				
182				
195				
220				
285				

THIS IS A SAMPLE FORM LOCATED ON NWCAONLINE.COM

I hereby certify that the above named student/athletes are certified to wrestle at the weight class listed by virtue of being listed on the **Minimum Weight Certification Team Form filed with the Principal.**

Head Coach Signature _____

As opposing coach, I certify as to the actual weight of the above named student/athletes.

Opposing Team _____ *Signature of Opposing Coach* _____

Weigh-In Form

- 1- Fill out the names of all wrestlers weighing in for each dual meet with the head coach signing to verify eligibility.
- 2- Exchange this form with opposing coach at the start of weigh-ins.
- 3- Each wrestler must state their name, weigh-in, while the opposing coach records the opponent's actual weight.
- 4- Completed forms are signed then copied for all participating teams and a copy for the head table before competition.
- 5- When a wrestler represents their school at a particular weight class, that wrestler's name, actual weight and weight class will be transferred immediately from the weigh-in form to the official scorebook by the official scorer in permanent ink.
- 6- Following the completion of the match, the scorebook will be signed by the referee and the scorebook will become the official document of the meet.

Signature of Weighmaster (for tournaments) _____

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
TEAM SECTIONAL WRESTLING CHAMPIONSHIPS SCHOOL ADMISSION AND WEIGH-
IN FORM

School: _____ **Section/Group** _____ **Date:** ____ / ____ / ____

We have read the NJSIAA Rules and Regulations for Wrestling and certify that these contestants listed below are eligible to compete in the NJSIAA Team Tournament (Sectionals) at the weight class at which their names appear and are final and cannot be changed after this form has been submitted. We also understand that the Team **Entry Fee of \$80.00** (checks made payable to NJSIAA) is due to the NJSIAA.

Principal's Signature _____

Head Coach's Signature _____

Athletic Director's Signature _____

Weight Class	Name of Wrestler	Actual Weight				Name of Wrestler	Actual Weight			
		M	W	F	Sun		M	W	F	Sun
106										
113										
120										
126										
132										
138										
145										
152										
160										
170										
182										
195										
220										
285										

THIS IS A SAMPLE FORM LOCATED ON NWCAONLINE.COM

Signature of Weighmaster (following weigh-in) _____

ADMISSION PROCEDURES:

1. Upon entrance into the site, a copy of this form should be used for the admission of all school personnel listed herein.
2. Any name changes between rounds of the TEAM Tournament will necessitate filling out a new form, including signatures.

Please Print Names	<i>Coach-</i>					<i>Admin--</i>				
	<i>Coach-</i>					<i>Admin-</i>				
	<i>Coach-</i>					<i>Admin-</i>				
	<i>Trainer</i>					<i>Cheerleader Advisor</i>				
	<i>Manager</i>									

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
DISTRICT WEIGH-IN AND ADMISSION

School: _____

Date: _____ / _____ / _____

We have read the NJSIAA Rules and Regulations for Wrestling and certify that these contestants listed below are eligible to compete in the NJSIAA Individual Tournament (Districts) at the weight class at which their names appear and are final and cannot be changed after this form has been submitted. We also understand that the **District Entry Fee of \$80.00** (*checks made payable to NJSIAA*) is due to the District Manager.

Principal's Signature

Head Coach's Signature

Athletic Director's Signature

Weight Class	Name	Actual Weight		Name	Actual Weight	
		Fri	Sat		Fri	Sat
106						
113						
120						
126						
132						
138						
145						
152						
160						
170						
182						
195						
220						
285						

THIS IS A SAMPLE FORM LOCATED ON NWCAONLINE.COM

Signature of Weighmaster (following weigh-in) _____

ADMISSION PROCEDURES:

1. Following the conclusion of the Weigh-in period, the Head Coach must declare who is representing the team and all the non-competing wrestlers must be crossed-out from the list above and will have to pay for admission to Districts.
2. A copy of this form is then to be used for admission of the competing wrestlers into the District Championships.
3. All Head Coaches were given passes for any Managers, Coaches and Administrators, up to seven (7) total.

NEW JESREY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
1161 Route 130 North, P.O. Box 487, Robbinsville, NJ 08691
TOURNAMENT REFUSAL FORM
2012 NJSIAA TEAM WRESTLING

NAME OF SCHOOL

Public:

North I _____

North II _____

Central _____

South _____

Group IV _____

Group III _____

Group II _____

Group I _____

Non-Public:

North _____ A _____

South _____ B _____

(Consult the wrestling classification memorandum for 2011-12 before checking proper blank)

WE DO NOT INTEND TO ENTER

Stamped signatures will not be accepted

_____ **Please check**

Principal's Signature

Athletic Director's Signature

Coaches Signature

FAX TO NJSIAA ON OR BEFORE JAN. 9, 2012
609 259 3047 – NO COVER SHEET PLEASE

THIS FORM MAY BE FAXED EARLIER THAN THE CUTOFF DATE OF JAN. 9
BUT IF THIS FORM IS NOT RECEIVED BY JAN. 9 YOU ARE ELIGIBLE TO
BE SEEDED BY THE TEAM WRESTLING COMMITTEE

This form is only to be submitted if your school does not intend to enter the NJSIAA
2012 wrestling team tournament

**TOURNAMENT REFUSAL FORM
2012 NJSIAA INDIVIDUAL WRESTLING CHAMPIONSHIPS**

NAME OF SCHOOL

DISTRICT _____

REGION _____

(Consult the wrestling classification memorandum for 2011-12 before checking proper blank)

WE DO NOT INTEND TO ENTER

_____ **Please check**

Stamped signatures will not be accepted

Principal's Signature

Athletic Director's Signature

Coaches Signature

**FAX TO NJSIAA ON OR BEFORE JAN. 9, 2012
609 259 3047 – NO COVER SHEET PLEASE**

**THIS FORM MAY BE FAXED EARLIER THAN THE CUTOFF DATE OF JAN. 9
BUT IF THIS FORM IS NOT RECEIVED BY JAN. 9 YOU ARE ELIGIBLE TO
BE SEEDED BY THE WRESTLING COMMITTEE**

**This form is only to be submitted if your school does not intend to enter the NJSIAA
2012 wrestling individual tournament**

NFHS MEDICAL RELEASE FORM FOR WRESTLER TO PARTICIPATE WITH SKIN LESION(S)

The National Federation of State High School State Associations' (NFHS) Sports Medicine Advisory Committee has developed a medical release form for wrestlers to participate with skin lesion(s) as a suggested model you may consider adopting for your state. The NFHS Sports Medicine Advisory Committee conducted a survey among specialty, academic, public health and primary care physicians and reviewed extensively the literature available on the communicability of various skin lesions at different stages of disease and treatment. No definitive data exists that allow us to absolutely predict when a lesion is no longer shedding organisms that could be transmitted to another wrestler. Another finding from the survey was the significant differences that exist among physicians relating to when they will permit a wrestler to return to participation after having a skin infection.

Neither the NFHS nor the NFHS Sports Medicine Advisory Committee presumes to dictate to professionals how to practice medicine. Neither is the information on this form meant to establish a standard of care. The NFHS Sports Medicine Advisory Committee does feel, however, that the guidelines included on the form represent a summary consensus of the various responses obtained from the survey, from conversations and from the literature. The committee also feels that the components of the form are very relevant to addressing the concerns of coaches, parents, wrestlers and appropriate health-care professionals that led to the research into this subject and to the development of this form.

GOALS FOR ESTABLISHING A WIDELY USED FORM:

1. Protect wrestlers from exposure to communicable skin disorders. Although most of the skin lesions being discussed generally have no major long term consequences and are not life threatening, some do have morbidity associated with them and student-athletes should be protected from contracting skin disorders from other wrestlers or contaminated equipment such as mats.
2. Allow wrestlers to participate as soon as it is reasonably safe for them and for their opponents and/or teammates using the same mat.
3. Establish guidelines to help minimize major differences in management among appropriate health-care professionals who are signing "return to competition forms". Consistent use of these guidelines should protect wrestlers from catching a skin disease from participation and should protect them from inequalities as to who can or cannot participate.
4. Provide a basis to support appropriate health-care professional decisions on when a wrestler can or cannot participate. This should help the appropriate health-care professional who may face incredible pressure from many fronts to return a youngster to competition ASAP. This can involve any student athlete who never wins a match or the next state champion with a scholarship pending.

IMPORTANT COMPONENTS FOR AN EFFECTIVE FORM:

1. Each state association needs to determine which health-care professional can sign off on this form.
2. Inclusion of the applicable NFHS wrestling rule so appropriate health-care professionals will understand that covering a contagious lesion is not an option that is allowed by rule. Covering a non-contagious lesion after adequate therapy to prevent injury to lesion is acceptable.
3. Inclusion of the date and nature of treatment and the earliest date a wrestler can return to participation. This should minimize the need for a family to incur the expense of additional office visits as occurs when a form must be signed within three days of wrestling as some do.
4. Inclusion of a "bodygram" with front and back views should clearly identify the lesion in question. Using non-black ink to designate skin lesions should result in less confusion or conflict. Also including the number of lesions protects against spread after a visit with an appropriate health-care professional.
5. Inclusion of guidelines for minimum treatment before returning the wrestler to action as discussed above. This should enhance the likelihood that all wrestlers are managed safely and fairly.
6. Inclusion of all of the components discussed has the potential to remove the referee from making a medical decision. If a lesion is questioned, the referee's role could appropriately be only to see if the coach can provide a fully completed medical release form allowing the wrestler to wrestle.

This form may be reproduced, if desired and can be edited in anyway for use by various individuals or organizations. In addition, the NFHS Sports Medicine Advisory Committee would welcome comments for inclusion in future versions as this will continue to be a work in progress.

Revised/Approved by NFHS SMAC - April 2011

National Federation of State High School Associations
Sports Medicine Advisory Committee

MEDICAL RELEASE FOR WRESTLER TO PARTICIPATE WITH SKIN LESION

Name: _____

Date of Exam: ___ / ___ / ___
Mark Location AND Number of Lesion(s)

Diagnosis _____

Location AND Number of Lesion(s) _____

Medication(s) used to treat lesion(s): _____

Date Treatment Started: ___ / ___ / ___

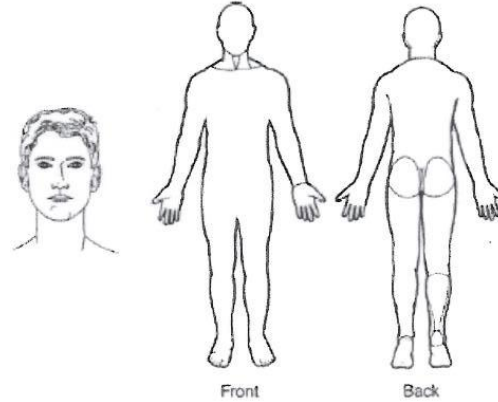
Form Expiration Date: ___ / ___ / ___

Earliest Date may return to participation: ___ / ___ / ___

Provider Signature _____ Office Phone #: _____

Provider Name (Must be legible) _____

Office Address _____



Note to Appropriate Health-Care Professionals: Non-contagious lesions do not require treatment prior to return to participation (e.g. eczema, psoriasis, etc.). Please familiarize yourself with NFHS Rules 4-2-3, 4-2-4 and 4-2-5 which states:

"ART. 3 . . . If a participant is suspected by the referee or coach of having a communicable skin disease or any other condition that makes participation appear inadvisable, the coach shall provide current written documentation as defined by the NFHS or the state associations, from an appropriate health-care professional stating that the suspected disease or condition is not communicable and that the athlete's participation would not be harmful to any opponent. This document shall be furnished at the weigh-in for the dual meet or tournament. The only exception would be if a designated, on-site meet appropriate health-care professional is present and is able to examine the wrestler either immediately prior to or immediately after the weigh-in. Covering a communicable condition shall not be considered acceptable and does not make the wrestler eligible to participate."

"ART. 4 . . . If a designated on-site meet appropriate health-care professional is present, he/she may overrule the diagnosis of the appropriate health-care professional signing the medical release form for a wrestler to participate or not participate with a particular skin condition."

"ART. 5 . . . A contestant may have documentation from an appropriate health-care professional only indicating a specific condition such as a birthmark or other non-communicable skin conditions such as psoriasis and eczema, and that documentation is valid for the duration of the season. It is valid with the understanding that a chronic condition could become secondarily infected and may require re-evaluation."

Once a lesion is not considered contagious, it may be covered to allow participation.

Below are some treatment guidelines that suggest **MINIMUM TREATMENT** before return to wrestling:

Bacterial Diseases (impetigo, boils): To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. Oral antibiotic for three days is considered a minimum to achieve that status. If new lesions continue to develop or drain after 72 hours, MRSA (Methicillin Resistant Staphylococcus Aureus) should be considered and minimum oral antibiotics should be extended to 10 days before returning the athlete to competition or until all lesions are scabbed over, whichever occurs last.

Herpetic Lesions (Simplex, fever blisters/cold sores, Zoster, Gladiatorum): To be considered "non-contagious," all lesions must be scabbed over with no oozing or discharge and no new lesions should have occurred in the preceding 48 hours. For primary (first episode of Herpes Gladiatorum), wrestlers should be treated and not allowed to compete for a minimum of 10 days. If general body signs and symptoms like fever and swollen lymph nodes are present, that minimum period of treatment should be extended to 14 days. Recurrent outbreaks require a minimum of 120 hours or five full days of oral anti-viral treatment, again so long as no new lesions have developed and all lesions are scabbed over.

Tinea Lesions (ringworm scalp, skin): Oral or topical treatment for 72 hours on skin and 14 days on scalp.

Scabies, Head Lice: 24 hours after appropriate topical management.

Conjunctivitis (Pink Eye): 24 hours of topical or oral medication and no discharge.

Molluscum Contagiosum: 24 hours after curettage.

Revised/Approved by NFHS SMAC - April 2011