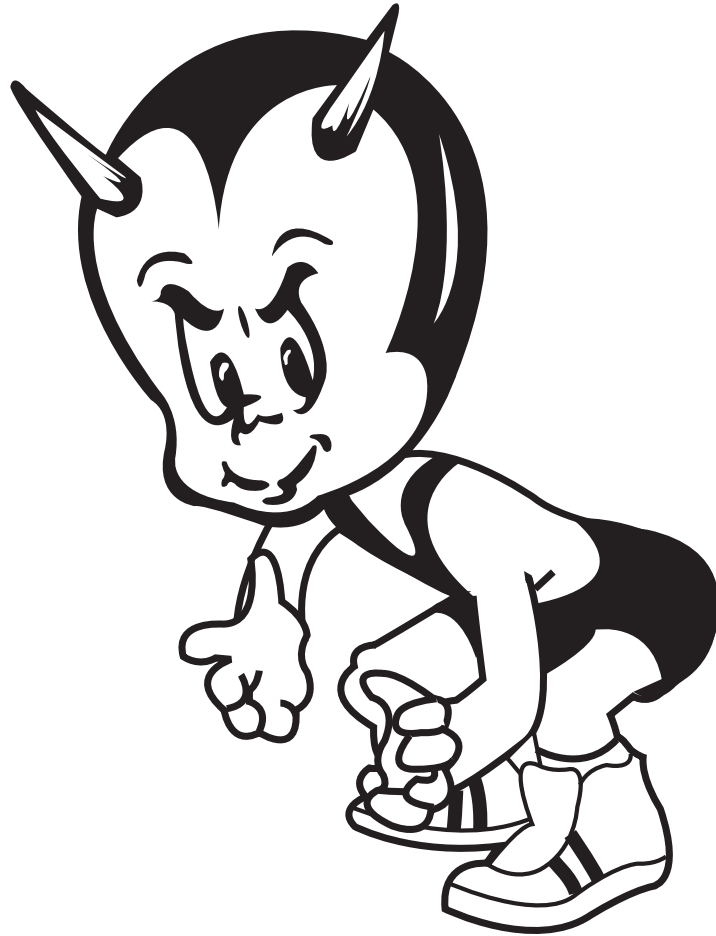


# **MARIETTA JUNIOR BLUE DEVILS**



## **WRESTLING CLUB HANDBOOK**



## **MARIETTA JR. BLUE DEVILS WRESTLING CLUB**

- 1. OBJECTIVE:** Welcome to the Marietta Junior Blue Devils Wrestling Club. Our mission is to develop and maintain a quality youth wrestling program for children in Marietta. Our goal is to teach fundamental wrestling skills, develop sportsmanship and promote a positive self image through the rigors of athletic competition.
- 2. WHY WRESTLING?** Wrestling is a lot of fun and very safe. This is genuine wrestling, not the TV version. Anyone can wrestle. Anyone of any size, body shape or strength can be a successful wrestler. In the junior wrestling program there are age-grouped weight classes starting at 50 pounds all the way up to unlimited. You will be competing against someone your own age and size.
- 3. WHO IS ELIGIBLE?** Any student in grades 3-6 in the Marietta City Schools is eligible to be a member of the Junior Blue Devil Wrestling Club.
- 4. SPONSOR:** The Marietta Junior Blue Devil Wrestling Club will operate under the sanction of USA Wrestling, the governing body of amateur wrestling in the United States. It is not a part of the Marietta City Schools or its athletic programs. It will operate in similar fashion to other youth sports programs you are familiar with.
- 5. PRACTICES:** The Jr. Blue Devils will hold practices starting **Monday, December 7** as follows:  
  
Mondays and Thursdays – 6:15 – 7:45 PM  
  
All practices will be held in the Marietta High School wrestling room.
- 6. COACH:** Mr. Aaron Smith will be in charge of the Jr. Blue Devils Wrestling Club. Aaron is an accomplished wrestler and graduate of Marietta High. He was also a collegiate wrestler at Campbellsville University. Aaron is a bronze certified coach and extremely knowledgeable. Your child will be in good hands! Coach Carthers or Coach Chase, from the high school program, will also be at practices. In addition, there will be Marietta varsity wrestlers available to assist during practices as well..
- 7. REGISTRATION/FEES:** Registration will be held on the first day of practice in the Marietta High School wrestling room.

Registration fees are as follows:

- Registration - \$125 first wrestler, \$85 for each additional sibling
- USA Wrestling Card - \$35 - ALL club members must purchase a USA wrestling card by going to the Team Georgia website at [www.teamgeorgiawrestling.com/cards](http://www.teamgeorgiawrestling.com/cards).

- 8. SCHEDULE/SEASON:** The club will compete in tournaments as a team. The season culminates with the Kids State tournaments in early March. Wrestlers must qualify for that tournament during the season. Your goal is to become a "Kids State" state champion and ultimately a high school state champion at MHS when you get there!!

**GET INVOLVED IN THIS GREAT SPORT!! YOU'LL BE GLAD YOU DID!!**

## GENERAL GUIDELINES

1. Absolutely no refunds will be given after December 17th.
2. Parents are responsible for any damage to school property as a result of their children's actions.
3. Unsportsmanlike like conduct and inappropriate behavior will not be tolerated. If this behavior is observed, coaches reserve the right to remove a wrestler from practice, a tournament or permanently remove them from the Club.
4. The coaching staff will make the final decision regarding each wrestler's eligibility to receive an award.
6. Personal Hygiene:
  - Wrestlers must have fingernails clipped short and hair must be trimmed and/or well groomed.
  - All wounds must be bandaged before coming to practices and events.
  - All wrestlers and their clothing should be clean.
  - Wrestling shoes should not be worn off the mat.
7. If a wrestler places in the Kids State Qualifying Tournament, he **must** participate in the Kids State Tournament.
8. A physical is required within the last 12 months. Parents must provide date of the last physical prior to your child practicing.

## PRACTICE PROCEDURES

All wrestlers will practice on Monday and Thursday, 6:15-7:45pm. Most competitions will be scheduled on Saturdays and Sundays. The match and tournament schedule will be announced.

1. Wrestlers should arrive 5-10 minutes before practice start times
2. Wrestlers should enter the building through the door adjacent to the wrestling room ONLY.
2. Parents - please pick up your wrestlers on time. If a coach must remain late with your wrestler, he will be docked a practice, which can effect his award eligibility.
3. For the first two weeks of the season, practice will be open. After the first two weeks, practice will generally be closed. Coaches will periodically open practice during the remainder of the season. Your team parent will provide you with the details.

## TOURNAMENT PROCEDURES

1. Wrestlers will be required to complete a registration form for each tournament. Cost is typically \$15 per tournament and you must pre-register on line by noon (12pm) the Thursday before the tournament. If you pre-register and don't make weight, you will not be able to wrestle. This is per the tournament director and Team Georgia.
2. You must have an USA card to wrestle. All USA cards can be purchased by going on [www.teamgeorgiawrestling.com/cards](http://www.teamgeorgiawrestling.com/cards). The cost is \$35.00.
3. Wrestlers will be placed in tournament brackets with competitors who are as close as possible to their age and weight class. It is the parents (wrestlers) responsibility to keep track of when they wrestle during the course of the tournament.
4. All tournaments are double elimination, unless otherwise stated.
5. During the tournament, it is suggested that all wrestlers sit with the club in the bleachers. This enables the coaches and club members to easily locate the wrestlers when necessary.
6. A parent or guardian **MUST** remain at the tournament. A wrestler left unsupervised will be removed from competition by the coaches.
7. Wrestlers should not leave the building until they have completed their competition.
8. Wrestlers should warm up with the team prior to the start of the tournament.
9. It is the parents' and wrestlers' responsibility to know when they have a match. It is also the wrestler's responsibility to advise a coach when they are 'on-deck'.
10. Wrestlers should notify coaches prior to leaving the tournament. This is a courtesy to your teammates, coaches, and other club members who might be looking for a wrestler who has already left.
11. We recommend that wrestlers wear protective headgear and it is mandatory at some tournaments that we will attend this year.
12. During tournament competition, coaches will be permitted in the corner of the mat. Parents will **not** be permitted in the corner of the mat.

# Marietta Junior Blue Devils Wrestling Registration

Please print below:

Wrestlers

Name \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ cell \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Weight \_\_\_\_\_ (please use scale provided)

Singlet Size \_\_\_\_\_

T-shirt Size \_\_\_\_\_

Shorts Size \_\_\_\_\_

Hoodie Size \_\_\_\_\_

**Registration Fees:**

+ \_\_\_\_\_ Registration (\$125.00 first wrestler, \$85.00 for each additional sibling)

= \_\_\_\_\_ TOTAL – Make check payable to “Marietta High School Wrestling”

*\*\*\*NSF checks must be paid in cash with a \$25.00 NSF fee.*

**My wrestler and I have or will have read the Marietta Junior Blue Devil Wrestling Handbook:**

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

**USA WRESTLING**  
**Marietta Junior Blue Devils Wrestling**  
**Medical Treatment Form**

Parents instructions on medical treatment

PLEASE PRINT IN CAPITAL LETTERS

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

**Parent/Guardian Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Emergency Phone Number:** \_\_\_\_\_  
(to be able to reach you during practice)

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

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Is our child presently on medication?** \_\_\_\_\_ **If so, please list:** \_\_\_\_\_

**Drug sensitivities/allergies:** \_\_\_\_\_

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

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

**Please sign ONLY ONE of the following statements:**

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

**Parent/Guardian Signature** \_\_\_\_\_ **Date signed** \_\_\_\_\_

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

**Parent/Guardian Signature** \_\_\_\_\_ **Date signed** \_\_\_\_\_

# USA Wrestling

## MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

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

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

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

- Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s) \_\_\_\_\_
- Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed  
\_\_\_\_\_
- Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?
- Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use. \_\_\_\_\_
- Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?  
\_\_\_\_\_
- Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly. \_\_\_\_\_
- Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.  
Heart disease (rheumatic fever)      Liver disease (hepatitis)  
Kidney disease (infections)      Lung disease(pneumonia)
- Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly \_\_\_\_\_
- Yes No 9. Do you presently have an unrepaired hernia?
- Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each \_\_\_\_\_
- Yes No 11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each \_\_\_\_\_
- Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury.
- Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:  
Permanent bridge      Permanent crown or jacket  
Braces Full plate      Removable partial plate  
Permanent retainer      Removable retainer
- Yes No 14. Do you wear contact lenses during competition?
- Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened \_\_\_\_\_
- Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury. \_\_\_\_\_

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

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

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

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

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