

# OHIO DRAGONS

## WRESTLING CLUB

. EST. 2007

8 NATIONAL CHAMPS

18 ALL-AMERICANS

NATIONAL TEAM FINISHES: 9<sup>th</sup>, 9<sup>th</sup>

HEAD COACH: CHRIS CANALE

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First and foremost congratulations on your success this season. You have been selected for Ohio's premier AAU wrestling club! To make sure this season goes off successfully there is some information that must be shared, forms to be filled out, and fees to be collected. With your help in getting these to me we can establish a very organized and fun trip this year en route to our first national title.

### TEAM FORMAT

This year we are only taking one team (14 weight classes with 2 alternates). Our goal every year is to bring back an AAU National title to Ohio; I feel with our focus on just one team we can better attain this goal. We are also as of now bringing five coaches, this not make supervision an issue and will greatly affect the coach to wrestler ratio.

### TEAM CAMP

As we have every year we will host a training camp one week prior to departure. This year we are going to mix things up, in this past I've brought in college coaches for instructional sessions more or less as a chance to expose the wrestlers to them for recruiting. This year we're having college day where the coaches can come in and view them wrestling live and get to talk with them.

### TRAVEL/STAY

Last year we took a chartered bus down and it worked out, This year if the money is in early enough I will see if we can fly down, if not we will be taking a chartered bus again. As for stay we will again be staying in a rental house, at the house there are plasma TV's, hot tub, pool, and a game room.

### CHECKLIST/FORMS

The following needed to be sent to me by April 24<sup>th</sup> (the earlier the better!):

- A copy of a report from this year (any term or semester)
- Release waiver/info
- \$625 please try to send this in first if anything as I need this money to reserve travel, stay and entry fee!(make checks payable to Chris Canale, send to 326 North Bayshore. Columbiana, OH 44408)
- A copy of your AAU card (needs to be purchased online at [www.ausports.org](http://www.ausports.org))
- College recruiter form

If there are any further questions feel free to call anytime. There will be more information sent out as we get closer to camp.

Sincerely,

Chris Canale

**2009 AAU Scholastic Duals  
Recruitment Information for College Coaches**

All the questions listed below are optional to answer. They are only being asked to assist college recruiters with their job of matching potential candidates with Institutional needs.

AAU Team Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Current Year in School: \_\_\_\_\_ GPA: \_\_\_\_\_

Class Rank: \_\_\_\_\_ SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_

College Committed To: \_\_\_\_\_

High School Coaches Name: \_\_\_\_\_

Wrestling Honors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Meaningful Elements (i.e. Captain of the Team, Junior Class Vice President, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INFO**

**NAME:** \_\_\_\_\_

**ADDRESS:**  
**(STREET)** \_\_\_\_\_ **(CITY/STATE/ZIP)** \_\_\_\_\_

**PHONE #:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**COLLEGE ATTENDING (IF APPLICABLE):** \_\_\_\_\_

**WT. CLASS:** \_\_\_\_\_

**CERTIFIED WT. CLASS:** \_\_\_\_\_

**SIZES:**  
**SINGLET:** \_\_\_\_\_

**SHORTS:** \_\_\_\_\_

**WARM-UP:** \_\_\_\_\_

**T-SHIRT:** \_\_\_\_\_

WAIVER/PHYSICAL INFO

Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_
Parents/guardians: \_\_\_\_\_ Relationship: \_\_\_\_\_
Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_
E-mail address: \_\_\_\_\_
Emergency contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_
Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_
Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_
Drug sensitivities/allergies: \_\_\_\_\_
Is your child on medication? \_\_\_ If yes, please list: \_\_\_\_\_
Does your child have any physical ailments/challenges that we should be aware of? \_\_\_ If yes, please list: \_\_\_\_\_

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

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

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

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

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

Inherent Risks and Participation

Wrestling is an exciting contact sport that involves physical contact between two athletes. Because of these conditions inherent to the sport, participating in wrestling exposes an athlete to many risks of injury. Those injuries include, but are not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs; serious injuries to bones, ligaments, joints, and tendons; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological, and social abilities, including the ability to earn a living.

In an effort to make the sport of wrestling as safe as it can be, the coaching staff will instruct wrestlers concerning the rules of wrestling and the correct mechanics of all skills. It is vital that athletes follow the coach's skill instructions, training rules, and team policies to decrease the possibility of serious injury. Wrestlers who do not follow the coaches' instructions or pose a threat to themselves or other wrestlers will not be allowed to participate for the Ohio Dragons.

Release Waiver of Claim and Promise to Indemnify

In consideration of the inclusion of \_\_\_\_\_ in the Ohio Dragon Wrestling, we the undersigned parents/guardians of this child do hereby waive any and all claims arising from or out of property damage or injury arising from the program. The parents or guardians of the child hereby certify that the child has had a physical prior to his enrollment in this program sufficient to ascertain his physical condition and suitability for the program, and that he is fit for strenuous physical exercise.

In consideration of inclusion in the program, the parents or guardians further promise to indemnify the club for any claim, law suite or settlement, claim for damages, judgment or attorney's fee. The parents or guardians also give permission to the Ohio Dragon Wrestling Club and its agents to administer first aid or request medical treatment as necessary to insure the well-being of their child.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ year \_\_\_\_\_ Signature of Parent or Guardian