

# NORTHWEST DUALS CHAMPIONSHIP



June 29 - July 2, 2017  
 Oregon State University  
 Corvallis, Oregon  
[www.wrestlingnorthwest.com](http://www.wrestlingnorthwest.com)

**INSURANCE INFORMATION & PARENT/GUARDIAN RELEASE FORM**  
 Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures or parent or legal guardian. Wrestlers will NOT BE ALLOWED to participate in Northwest Duals without completion of this form.

Wrestlers Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Dates of Duals \_\_\_\_\_

**MEDICAL INFORMATION**

Any known Allergies, Illnesses, Injuries, or Disabilities \_\_\_\_\_  
 Medications Wrestler will bring \_\_\_\_\_  
 Participant's Physician Name \_\_\_\_\_  
 Physician Address \_\_\_\_\_  
 Date of last Tetanus Booster \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company Name \_\_\_\_\_  
 Phone number \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_  
 Policy Number \_\_\_\_\_  
 Group Number \_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact #1: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 Emergency Contact #2: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**PARENT/GUARDIAN RELEASE**

I hereby:  
 1. Give permission to the above name camper to attend and participate in the Northwest Duals referenced above.  
 2. Give permission to the staff to render preventative, first aid or emergency treatment, or all the foregoing, necessary to wrestler's health and well-being. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the staff to notify the designated emergency contacts as soon as possible. If staff is unable to communicate with me, the treatment deemed necessary for wrestler's health and well being may be given.  
 3. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude wrestler's participation in activities.  
 4. Agree to assume all risk arising from wrestler's participation in activities, including but not limited to any activities that may present risk of bodily injury.  
 5. Agree to save, hold harmless, discharge and release Northwest Duals Staff, Oregon State University or the facilities they are using for any and all liability, claims, causes of action, damages or demands in connection with wrestler's participation in activities including transportation to, at, or from wrestling activities.  
 6. Understand that any medical expenses for wrestler's health and well-being will be the responsibility of the parent/guardian.  
 7. Agree to accept any decisions made by the NW Duals Director in the termination of attendance due to unacceptable or unsafe behavior and agree to forfeit reimbursement of any fees and pay any associated costs relative to the decision.  
 8. Authorize the NW Duals staff to administer medications to my child (as prescribed by physician) as indicated on this form.  
 9. Certify that I am the wrestler's parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above Parental Guardian Release and Information. I understand the contents of this Parental Guardian Release and Insurance Information, assent to its terms and conditions, and sign it of my own free act.

Name of Parent or Guardian \_\_\_\_\_  
 Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

## NORTHWEST WRESTLING

## TEAM COMPETITION REGISTRATION

clip n' mail ✂

Please clip and send registration and payment to Northwest Duals • P.O. Box 882 • Corvallis, OR 97339.  
 For more information visit [www.wrestlingnorthwest.com](http://www.wrestlingnorthwest.com) • [kevin.roberts@oregonstate.edu](mailto:kevin.roberts@oregonstate.edu) • (541) 230-0613

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent or guardian \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 DOB \_\_\_\_\_

**PAYMENT INFORMATION**  
 Check  VISA  MC  
 Amount paid \$ \_\_\_\_\_  
 Account no. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security code \_\_\_\_\_  
 Signature \_\_\_\_\_

Please make checks out to Northwest Duals.  
 SHIRT SIZE (circle one)  
 S M L XL XXL XXXL Youth M Youth L

Past health \_\_\_\_\_  
 Past injuries \_\_\_\_\_  
 Present health \_\_\_\_\_  
 Current medications \_\_\_\_\_  
 Drug sensitivities \_\_\_\_\_  
 Other allergies \_\_\_\_\_  
 Insurance Co. address \_\_\_\_\_  
 Policy holder \_\_\_\_\_  
 Policy no. \_\_\_\_\_  
 Other health and accident coverage \_\_\_\_\_  
 Policy holder \_\_\_\_\_  
 Policy no. \_\_\_\_\_

## ABOUT THE NW DUALS CHAMPIONSHIPS

**Check out 11:30 am • Sunday, July 2**

### Tournament Information: 541-230-0613

The Northwest Duals Championships is designed for team building and dual meet competitions. Each wrestler will have the opportunity to wrestle between 10-15 matches during the competition. During the competition we will teach wrestlers how to mentally and physically prepare themselves for competition at the highest level. Wrestlers will also compete in individual tournaments.

Dual competition allows for identification of problem areas for individuals or the team, and develop team specific plans to enhance overall performance. We recommend that wrestlers are entering 9th - 12th grade. Advanced middle school wrestler attendance is at the discretion of the team coach/team leader. Wrestlers can also attend this competition on their own and will be assigned a team.

Wrestlers should bring pillow, blankets, linens & towels, as they will not be provided at the tournament. Other items to bring: wrestling shoes, running shoes, multiple changes of workout clothes, soap & shampoo, headgear and mouthpiece is highly recommended (Laundry facility is provided for your use in the dorms).

Residents will be provided room and board. Commuters must provide lodging, meals and transportation to and from the competition.

## DAILY TOURNAMENT SCHEDULE

6:30 - 8:00 am.....	Breakfast
8:00 - 9:00 am.....	Team Warm-up
9:00 - 11:45 am.....	Team Duals
11:30 am.....	Lunch
2:00 - 5:00 pm.....	Team Duals
5:00 - 6:00 pm.....	Dinner
6:30 - 9:30 pm.....	Team Duals
10:30 pm.....	Bed Check

## COACHES

### Jim Zalesky

Head Wrestling Coach at OSU  
3x NCAA Championships  
as coach  
9 Conference Championships  
3x NCAA Champ as wrestler  
2x National Coach of Year

### Taylor Meeks

Assistant Coach at OSU  
2013 NCAA All-American  
2013 PAC-12 Champion

### Counselors

Amar Dhési	Bob Coleman	Cory Griego
Ronnie Bresser	Joey Delgado	Bryce Parson
Jack Hathaway	Cody Crawford	David Henry
Joey Palmer	Abraham Rodriguez	Devan Turner

### Kevin Roberts

Associate Head Coach at OSU  
20 NCAA All Americans  
6x Conference Champions at OSU  
28 Conference Champions  
2x NCAA All America

### Ian Miller

Assistant Coach at OSU  
3X NCAA All-American  
3X MAC Champion



clip n' mail ✂

## TOURNAMENT RATES

### Teams entering 1-9 wrestlers

Resident.....	\$335
Commuter.....	\$250

### Teams entering 10-15 wrestlers

Resident.....	\$320
Commuter.....	\$240

### Teams entering 16+ wrestlers

Resident.....	\$295
Commuter.....	\$210

### Coaches

1st coach.....	FREE
2nd coach.....	\$65
3rd coach.....	\$100

*We recommend that athletes be 9-12 grade to compete in the Northwest dual championships.*

## MEDICAL RELEASE

I verify that my child has been checked by a licensed physician and is physically able to participate in the tournament. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such a treatment. I authorize my insurance company to pay benefits to Student Health Services or University Hospitals. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim. Please visit [www.wrestlingnorthwest.com](http://www.wrestlingnorthwest.com), and print off and fill out medical forms and either send them in or bring them to check-in.

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

\_\_\_\_\_  
Applicant's Signature Date

