

# USAW Cliff Keen National High School Folkstyle Duals Championship

***April 9, 10 & 11, 2020***

Knowlings Fieldhouse,  
Allen Athletic Center  
Wabash College  
Crawfordsville, Indiana

*Premier National Folkstyle Duals  
Championship  
grades 9,10,11*

*(Guaranteed seven matches minimum)*

contact: John Cook  
Event Director  
[jmcook1949@yahoo.com](mailto:jmcook1949@yahoo.com)  
765-993-7713

**2020**  
**USAW CLIFF KEEN NATIONAL HIGH**  
**SCHOOL FOLKSTYLE DUALS**  
**CHAMPIONSHIP**

**April 9-10-11**  
**Knowlins Fieldhouse, Allen Athletic Center**  
**Wabash College**  
**Crawfordsville, Indiana**

**Tournament Handbook**

The following forms **MUST** be signed by **PARTICIPANT** and **PARENT/GUARDIAN** and presented to tournament organizers upon arrival to be eligible for competition.

- **Consent and Release Form**
- **Medical Consent Form**

To: Coaches / Team Leaders  
From: John Cook - Event Director

## USAW Cliff Keen National High School Folkstyle Duals

Thank you for your interest in competing in the **2020 USAW Cliff Keen National High School Folkstyle Duals Championship**. We are pleased that this event is a sanctioned and recognized USA Wrestling National Championship. Also, we are very proud that our event now carries the Cliff Keen name as event title sponsor.

Competition will be held at the Knowlings Fieldhouse, Allen Athletic Center on the campus on Wabash College in Crawfordsville, Indiana on April 9,10 and 11, 2020. Crawfordsville, Indiana is located 30 minutes west of Indianapolis just off Interstate 74 and 40 minutes from the Indianapolis airport. Enclosed you will find an information packet including all the necessary forms to enter your team in the event. Please be sure to meet all deadlines and complete all forms accurately and completely. **The event is open to the first 24 teams and once that number is met registration will be closed.** The High School Folkstyle Duals is the only USA Wrestling national event on the weekend. **Your Payment / Entry form along with \$550 Registration Fee is due by April 6, 2020.**

Enclosed you will find the following forms and information:

- Event Checklist
- General event information
- Entry fee application
- Schedule of Events
- Official Roster form
- Consent and Release form (must be signed by parents)
- Medical Release form (must be signed by parents)
- Athlete information sheet
- Hotel Information

For information or questions about the **2020 USAW Cliff Keen National High School Folkstyle Duals Championship** please contact the following:

**JOHN COOK**  
**Event Director**  
4631 Stansbury Court  
Indianapolis, IN 46254  
765-993-7713 or jmcook1949@yahoo.com

**USA W Cliff Keen National High School Folkstyle  
Duals  
Coaches / Team Leader  
CHECKLIST**

<b><u>ITEM</u></b>	<b><u>DATE DUE</u></b>	<b><u>√</u></b>
<u>\$550.00 &amp; Official Team Entry Form</u> received by	4/6/20	_____
<b>Sent to: John Cook</b> <b>4631 Stansbury Court</b> <b>Indianapolis, IN 46254</b>		
<u>Team Roster</u>	received by	4/7/20 _____

**Enter on Track Wrestling Site...Track wrestling  
Password will be sent to you when team entry is confirmed.  
Changes or additions can be made at registration.**

**Present at Registration the Following**

<u>Medical Consent</u>	4/9/20	_____
<u>Consent and Release</u>	4/9/20	_____
<u>Athlete Information Sheets</u>	4/9/20	_____

**Mailing and Email Information:**

**John M. Cook**

**4631 Stansbury Court  
Indianapolis, IN 46254**

**765-993-7713  
jmcook1949@yahoo.com**

# USAW Cliff Keen National High School Folksyle Duals Championship

- USA Wrestling sanctioned event. **ALL** competing wrestlers must have a current **USAW Card (Purchase online PRIOR to the event)**.
- A team should be comprised of 14 to app. 20 wrestlers. Each team will have 14 starters and any chosen alternates. Time and mat space may be available for the alternate's exhibition matches.
- This event is open to wrestlers currently in grades 9-11.(8<sup>th</sup> if your state permits) **NO SENIORS ARE ALLOWED TO COMPETE!**
- **This competition will use NFS Weight classes: (+5 lbs at weigh in) 106, 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220, 285**
- **Weigh-ins:** There will be a five pound weight allowance above the NFS weight classes. Teams will be called to weigh-ins beginning at 4:00 pm. on Thursday. Teams will weigh-in in the order in which their registration is completed. **ALL TEAM MEMBERS MUST BE PRESENT AND READY TO WEIGH-IN WHEN CALLED TO THE SCALES. NO EXCEPTIONS! NO INDIVIDUAL WILL BE ALLOWED TO WEIGH-IN SEPARATELY FROM HIS TEAM, UNLESS PREVIOUS PERMISSION WAS GIVEN.** NFHS weigh-in procedures will be in effect. **Please note, if travel schedule will delay team weigh-ins, the team leader must contact John Cook . In case of an emergency situation please call John Cook at 765-993-7713.**
- All Federation rules will apply.....headgear, taped laces, hair standards etc.  
Exception: \*collegiate 'out of bounds' rule will be used\*
- Collegiate cut singlet preferred...**NO SCHOOL UNIFORMS ALLOWED!**  
A uniform in state colors is recommended.
- **\$550.00 entry fee per team due by April 6, 2020.**

\* **Team rosters will be due no later than April7, 2020, entered on the Track Wrestling site.** If team rosters are incomplete on this date, please enter what wrestler information is available. Changes can be made at registration. This will allow time to get the names into the program. Instructions & password will be sent when entry is confirmed. **IMPORTANT NOTICE TO READ**

- It is ***recommended*** that team members be selected through participation in a qualifying event outside the scholastic season. Please check with your state high school associations to determine eligibility restrictions for your athletes. It is always helpful to have someone at the state tournaments handing out an information packet to all underclass participants.

**USA W Cliff Keen National High School**  
**Folkstyle Duals Championship**  
**Payment Form**

Please Return with **\$550.00** Team Entry Fee to be received by **April 6**  
Mail Payment and Completed Form to:

John M. Cook  
4631 Stansbury Court  
Indianapolis, IN 46254

State \_\_\_\_\_ Team Name \_\_\_\_\_

Team Leader \_\_\_\_\_

Enclosed is our \$550.00 Check or Money Order for Entry Fee .  
**Checks Payable to: "National High School Folkstyle Duals"**

# **2020 USA Wrestling Cliff Keen National High School Folkstyle Duals**

Knowlings Fieldhouse, Allen Athletic Center  
Wabash College  
Crawfordsville, In

## **Schedule of Events**

### **Thursday, April 9, 2020**

12:00pm - 8:00pm    Workout Mats Available. Check Scales Open (Knowlings Fieldhouse)

4:00pm - 8:00pm    Registration & Weigh-In (Knowlings Fieldhouse)

8:30pm- 10:00pm    Coaches Meeting & Social                    (TBA)

### **Friday, April 10, 2020 at Knowlings Fieldhouse** (Times Subject to Change )

8:00am                    Doors Open / Ticket Sales Available

9:00am – 8:15pm        Competition Rounds I through V

### **Saturday, April 11, 2020 at Knowlings Fieldhouse** (Times Subject To Change)

8:00am                    Doors Open / Ticket Sales Available

9:00am – 5:00pm        Competition Rounds VI through VIII

5:00 pm                    Awards – Team Champion, 2<sup>nd</sup>, 3<sup>rd</sup>  
Team Sportsmanship, and Individual Outstanding Wrestler

# USA Wrestling Cliff Keen National Folkstyle Duals Roster

Team Name \_\_\_\_\_

**Enter roster info on Track Wrestling by April 7**  
**\*Changes and additions may be made at registration\***

<b>Wt. Class</b>	<b>Name</b>	<b>Grade</b>	<b>High School</b>	<b>Accomplishments</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Coaching Staff:**

<b>Name</b>	<b>School</b>
_____	_____
_____	_____
_____	_____
_____	_____



# 2020 USA Wrestling Cliff Keen National High School Folkstyle Duals

## CONSENT AND RELEASE FORM PRINT IN CAPITAL LETTERS

NAME \_\_\_\_\_ USAW CARD # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

WEIGHT CLASS \_\_\_\_\_

### CONSENT AND RELEASE

In consideration for the opportunity to participate in the 2020 USAW National High School Folkstyle Duals (the "Event") the undersigned and his/her parent or guardian, if applicable ("Competitor"), hereby acknowledges that the "Event" and related activities and performances, may be televised live and/or other use or videotaped for broadcast, cablecast, home video entertainment and/or other use or distribution (collectively, "Dissemination") in a manner not inconsistent with applicable rules or the USA Wrestling, Inc. ("USAW") and/or the Federation Internationale de Lutte Amateur ("FILA") and hereby consents the USAW, for purposes of USAW's athletics/sports programs and related activities, and any television network, production company or any other parties with which USAW has agreements for such purposes, and/or their licenses, shall have the right, without any compensation to competitor, to use competitor's name, photograph, image, likeness, biography and accomplishments and displays of wrestling ability in any Dissemination of the Event and for the purposes of advertising, promoting and publicizing the events and activities of the USAW and the program and/or program series of which any Dissemination of the Event is a part (provided that none of the above shall be used in such fashion so as to constitute an endorsement of any commercial product). Competitor agrees, for and on behalf of Competitor and Competitor's heirs, personal representatives, administrators, agents, successors and assigns, to release, indemnify and hold harmless USAW and its officers, directors, agents, employees and licenses from any claim of any nature based upon or arising out of or any Dissemination or other is permitted uses contemplated by the Consent and Release.

\*USAW card can be purchased online\* Not available at registration.

\_\_\_\_\_  
Signature of Competitor

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

# 2020 USA Wrestling Cliff Keen National High School Folkstyle Duals

## MEDICAL CONSENT FORM PRINT IN CAPITAL LETTERS

### MEDICAL CONSENT

Name or your Primary Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Presently on medication? \_\_\_\_\_ If yes, please list medication(s) \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

#### **Parent/Guardian of minor must read and compete the following:**

Without this signed authorization from parent/guardian, hospitals in many states are obligated by law to deny treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.

#### **\*CHECK ONE\***

\_\_\_ If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

\_\_\_ If my child named above needs medical treatment during this event it is my wish that the necessary treatment be initiated while efforts are made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions – List any medical procedures that you do not want performed unless specific approval is needed.

#### **Please indicate another person to call if an accident occurs and we are not able to reach you:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

*By signing below you acknowledge that you have read the above document, and understand its purpose as it relates to this tournament.*

\_\_\_\_\_  
**Print name of Competitor  
Date**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Signature of Competitor**

\_\_\_\_\_  
**Date**

**USA Wrestling Cliff Keen**  
**National High School Folkstyle Duals**  
**Athlete Information Sheet**

Please note that this information will be provided to all college coaches in attendance of the National High School Folkstyle Duals. If you do not want your information released to college coaches, please check the appropriate box below.

**Name:** \_\_\_\_\_ **Team:** \_\_\_\_\_

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

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

**Home Phone:** \_\_\_\_\_

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

**Athlete's Cell** \_\_\_\_\_

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

**High School City and State:** \_\_\_\_\_

**Coaches Name:** \_\_\_\_\_ **Coaches Phone:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **GPA:** \_\_\_\_\_ **SAT/PSAT or ACT:** \_\_\_\_\_

**Season Record:** **Fr:** \_\_\_\_\_ **Wt:** \_\_\_\_\_ **So:** \_\_\_\_\_ **Wt:** \_\_\_\_\_ **Jr:** \_\_\_\_\_ **Wt:** \_\_\_\_\_

**Honors and Achievements:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I DO NOT want my Information Released to College Coaches**

***National Folkstyle Duals***  
***Hotel Accommodations***

***\*\*\*\*Please use the  
recommended list of hotels that support our event. \*\*\*\****

***These hotels provide complimentary rooms for our officials and  
tournament staff.***

***Without their support it would be impossible to have this event.***

Guests can contact the Visitor Bureau office, Executive Director, Heather Shirk at 765-362-5200 for area information and questions or visit the site [www.crawfordsville.org](http://www.crawfordsville.org)

**Hotel List for reservations – Contact hotels directly for Group rates and availability.**

**Comfort Inn**

2991 Gandhi Dr  
Crawfordsville, IN 47933  
765.361.0665

**Hampton Inn & Suites**

2991 Gandhi Dr  
Crawfordsville, IN 47933  
765.362.8884

**Holiday Inn Express**

2506 Lafayette Avenue,  
Crawfordsville, IN 47933  
765.323.4575

**Quality Inn**

2500 N Lafayette Ave  
Crawfordsville, IN 47933  
765.362.8700

**Ramada Inn**

1025 Corey Blvd  
Crawfordsville, IN 47933  
765.364.9999

**Best Western Plus**

2600 Industrial Blvd  
Crawfordsville, In 47933  
765-307-3999