

# NATIONAL COLLEGIATE WRESTLING ASSOCIATION



## MEDICAL RELEASE TO PARTICIPATE



Print Name of Wrestler: \_\_\_\_\_

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

If a wrestler fails to compete in the Conference Championships due to a medical condition or fails to complete the competition at the Conference Championships due to a medical condition, they must complete this form. The form must be submitted to the NCWA, along with their National Collegiate Wrestling Championships Entry Form, before competing in the National Collegiate Wrestling Championships.

### **Status at Conference: (check what applies)**

**Did not compete in Conference Championships because: (specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did compete in Conference Championships but wrestler was injured or became sick during competition: (specify)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Print Name of Physician: \_\_\_\_\_

***I do hereby state that the above named wrestler is medically cleared for competition in the National Collegiate Wrestling Championships.***

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_