

## WRESTLER/PARENT MEDICAL ATTESTATION FORM

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

\_\_\_\_\_  
Weight

\_\_\_\_\_  
School

I understand that contagious skin diseases are inherent to the sport of wrestling. These contagious diseases include herpes simplex (otherwise known as herpes gladiatorum), tinea gladiatorum (otherwise known as ringworm), infectious pyoderma (otherwise known as impetigo, folliculitis, boils, staph, etc.), and other infectious diseases, including an extensive viral eruption known as molluscum contagiosum.

I understand that these skin exams will involve a complete body, total undressed skin exam.

I understand that I will be examined (or my son/daughter will be examined) by a team of knowledgeable Physicians, expert Dermatologists, and knowledgeable Athletic Trainers and I accept the conditions of the skin exam outlined below:

1. Participants with skin rash/eruptions must present proper verification (clinical diagnosis, culture results, date/dosage of systemic/topical medications) to the tournament physicians. It is strongly recommended that this verification letter be completed by a knowledgeable dermatologist or physician regarding wrestling skin infections.

2. I, (or my parent) understand that the diagnosis and recommended treatment on the verification letter does not automatically qualify me for the tournament and that the possibility exists that the diagnosis and the treatment may be either incorrect, inadequate, or unacceptable.

I, (or my parent) understand that the decision as to whether or not my (or my son/daughter) skin lesion is infectious will be determined by the Tournament Medical staff and will be final and uncontestable.

3. Further, I (or my parent) understand that the purpose of the skin exams is not to diagnose skin lesions but to verify diagnoses and or treatment while confirming whether a rash is contagious.

As a consequence, I understand that certain rashes cannot be definitively determined to be contagious or non-contagious during the skin exam will be considered potentially contagious and my son/daughter will be disqualified.

I (my son/daughter) understand that harassment or abuse toward the National Prep Medical staff by any coaches or wrestlers, etc., will not be tolerated and will possibly result in disqualification and penalties to the team. I hereby agree to a complete skin exam under the conditions outlined above. I waive any liability for disposition of skin lesions, at this tournament, for both the Medical staff and National Prep Tournament.

\_\_\_\_\_  
Signature of Wrestler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

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

\_\_\_\_\_  
Date