

APPLICATION INSTRUCTIONS FOR COACHES

- 1) Download the application file and then enter the required data about your team **using a computer**. The application is a PDF fillable form. Do not handwrite data on the form.
- 2) When entering data, use the TAB key to advance to the next field on the form. Phone numbers will automatically be changed to the correct format when you tab to the next field.
- 3) After all the data has been entered, print the form, and then collect the appropriate signatures.
- 4) After the signatures have been collected, scan the completed form in **PDF format** and then the coach must upload the form file from the team's NCWA web page.
- 5) **NOTE**: A team **MUST** have a **non-student coach**. The team may not compete until the coach is registered, and cleared, gone through the background checks.
- 6) Student/Athletes may not register until the team is cleared for competition.

Definitions:

“**Activities Coordinator of School**” this is any school staff member responsible for your team's acceptance as an official team on campus.

“**Compliance Officer**” This is anyone who will be responsible for overseeing that your team is following the NCWA published Rules-Policies-Procedures.

“**Team SID**” anyone who can write and submit articles about your team's accomplishments.

Do not include this page in your application scan

NATIONAL COLLEGIATE WRESTLING ASSOCIATION 2021-2022 SEASON MEMBERSHIP RENEWAL APPLICATION & INVOICE



Membership Renewal Fees are Due no later than February 8, 2022

Membership Division - select ONE

MEN'S - D-1

MEN'S - D-2

WOMEN'S

FEES: ----- \$ 515 ----- \$ 515 ----- \$ 515 (\$200 Discount w/Men's Program)

Step # 1 -- Complete this Application **using a computer**, print form and have it signed as indicated below

Step # 2 -- Scan as PDF & Upload this signed application showing administrative signatures to your: **NCWA Team Webpage**

Step # 3 -- Select payment method: Online by credit card / debit card or a Check to be mailed with copy of this form

Payments by check - Mail to: NCWA – 8737 Grenadier Drive – Dallas, TX – 75238-3819

MEMBERSHIP INFORMATION: (enter data only using computer - handwritten not acceptable)

School's Full Name: _____ **Conference:** _____

Mailing address for Head Coach: _____

City: _____ **State:** _____ **Zip+4:** _____

Activities Coordinator of School: _____ **Office Phone:** _____

Coordinator's Title: _____ **Cell:** _____

Coordinator's Email: _____

Compliance Officer: _____ **Phone:** _____

Compliance Officer's e-mail: _____ **Cell:** _____

Head Wrestling Coach: _____ **Phone:** _____

Coach's e-mail: _____ **Home Phone:** _____

Wrestling Team President: _____ **Phone:** _____

Team President's e-mail: _____

Team S.I.D.: _____ **Phone:** _____

S.I.D.'s email: _____

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Membership in the NCWA implies that the applying school will abide by all rules and regulations as set forth in the currently published NCWA Rules-Policies-Procedures, which may include, but are not limited by, NCAA applicable rules. Your Signature on this application signifies that the wrestling team is an officially recognized activity at your institution and that the applying school officials listed below have read, and will comply with, the rules as set forth by the NCWA including the rules of competition and Code of Ethics within the National Collegiate Wrestling Association. The currently published NCWA Rules-Policies-Procedures can be found on: www.ncwa.net.

Activities Coordinator must be a school employee responsible for the oversight authority of the wrestling program and who testifies that the wrestling program is not currently under any disciplinary restrictions. All Signatures below must correspond to the names submitted above – **All signatures must be real – not digital**

Activities Coordinator's Signature: _____ **Date:** _____

Compliance Officer's Signature: _____ **Date:** _____

Team Head Coach's Signature: _____ **Date:** _____

Team President's Signature: _____ **Date:** _____