

Sedgwick County Youth Wrestling Tournament

Saturday, March 11th, 2017

SATELLITE WEIGH-INS ONLY

You must have officers or coaches weigh each wrestler in. Email your Satellite Weigh-In Form by March 9th @ 10 p.m. to toddmissyh@gmail.com.

NOTE: Tournament directors reserve the right to check any wrestler's weight and age they may deem questionable. Bring proof of age in case questions arise. There will be scales available to check challenged weights.

WHERE: Revere High School, Ovid, CO

SPONSORED BY: Sedgwick County Youth Wrestling Clubs

DATE-TIME: March 11th, 2017 FIRST ROUND BEGINS AROUND 9:30 A.M.

****Coaches need to sign teams in by 8:00a.m. at the sign-in table.**

ADMISSION: Contestants - \$15.00 (Includes lunch)

(Teams must bring one payment; all registered wrestler must pay. No refunds)

Spectators - Adults \$5.00; Students \$2.00; Age 4 and under Free

RULES: 1. 3 one-minute periods.

2. Ties will be broken by the first point scored in overtime.

WEIGHT DIVISIONS: Weights will be determined prior to the tournament.

AGE: AGE AS OF JANUARY 1, 2017 – BRING PROOF OF AGE.

4 and under (weight break down will be done during bracketing)

6 and under, 8 and under, 10 and under, 12 and under (in 5# increments,

14 and under (weight break down will be done during bracketing)

INSURANCE: Insurance is REQUIRED – BRING INSURANCE INFORMATION

AWARDS: 1st place trophy, 2nd, 3rd, 4th place medals

Fastest pin trophy for each age division.

Sportsmanship trophy will be awarded to the team with the best sportsmanship as voted on by the refs, table help, & bracketing table.

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LUNCH: A meal will be provided.

CONCESSIONS: The concession stand will be open all day and is operated by the Sedgwick County/Fleming Youth Wrestling Club.

CONTACT: Coach Todd Harrington: 970-520-9017 or Chris Michel: 970-520-7793

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****Advance notice of cancellations would be appreciated.
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Sedgwick County Youth Wrestling Tournament

Saturday, March 14, 2015

All Entry Fees Must Be Collected @ Club's Satellite Weigh-Ins (\$15/wrestler) and are due to the Sedgwick County Youth Wrestling Club prior to the tournament starting. Please make checks payable to S.C.Y.W.

ABSOLUTELY NO REFUNDS-If you are on this Weigh-in Form then the fee is due.

SATELLITE WEIGH-IN FORM

I have weighed all the below Wrestler's and collected their entry fees: _____
(Officer / Coach of Club)

Club Name: _____

Contact Phone # _____ Fax # _____

Address: _____

Wrestler's name (Example- John Smith)	Date of Birth (MM/DD/YY)	Division (11&U)	Actual Weight (74.3)	Insurance Provider	Policy Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

WAIVER & RELEASE: In consideration of submitting this entry, I hereby for myself, my heirs, executors, and administrators; waive and release any and all claims and rights for claims I may have against the Sedgwick County Youth Wrestling Club, or Platte Valley RE-3 School District and their volunteers, subcommittees, agents, representatives, and assigns, for any and all accident, injury, or death suffered by me or my child during wrestling competition or in any way connected to the parties listed above.