

Sedgwick County Youth Wrestling Tournament

March 3rd, 2018

Ovid High School Gymnasium
500 Main, Ovid, Colorado

SATELLITE WEIGH-INS ONLY

Coaches or Parents Must Email Entries with Names, Ages, and Weights
With a **Contact Phone Number** By 10:00 PM MST on Thursday, March 1st to toddmissyh@gmail.com (Email)
A confirmation E-mail will be sent back to confirm receipt of registration.

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.

****There will be no Saturday weigh-ins****
Doors open at 7:00 a.m.
Coaches need to sign in teams by 8:00 a.m.
Wrestling begins at approximately 9:30 a.m.

Tournament Entry Fee: \$20.00 (includes meal)
We would prefer one check per team. All registered wrestlers must pay. No refunds.
****Advance notice of cancellations would be appreciated****
Admission: \$5.00 Adults / \$2.00 Student

Trophies for 1st Place and medals for 2nd – 4th Places
Team Sportsmanship Award

Age Divisions: 4 & U, 6 & U, 8 & U, 10 & U, 12 & U, 14 & U
Three, One-minute Periods of Wrestling
Ties will be broken with first point scored in overtime
High School Rules Apply

CONCESSIONS

Concession will be open for breakfast and lunch.

CONTACT

Todd Harrington (cell) 970-520-9017 / (email) toddmissyh@gmail.com
Bring Waiver to the Tournament for Each Wrestler

I certify that _____ has my permission to compete in the Sedgwick County Youth Wrestling Tournament on March 3, 2018. I hereby accept full responsibility for his/her behavior and participation. Good sportsmanship by Coaches, Parents and Wrestlers will be displayed throughout the day as well as the rules of a fair wrestling match. I will not hold the Sedgwick County Wrestling Club or the Revere School District responsible for any accident or injury that may occur during the tournament.

Parent or Guardian _____ Date _____

Wrestler's Name _____ Age _____

Team _____ Weight _____

Contact Phone Number _____

Sedgwick County Youth Wrestling Tournament

Saturday, March 3rd, 2018

All Entry Fees Must Be Collected @ Club's Satellite Weigh-Ins (\$20/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 Revere 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.