

WAVERLY WRESTLING CLUB TOURNAMENT

SATURDAY, MARCH 27, 2010

WAVERLY HIGH SCHOOL 13401 AMBERLY ROAD WAVERLY, NE

NO SET WEIGHT CLASSES: Weight classes to be determined after weigh-ins. 4-man brackets for all ages will be used when possible. **ROUND ROBIN FORMAT WILL BE USED!**

*****NO WEIGH-INS FOR PREKINDERGARTEN - SECOND GRADE:** Please send correct weight of wrestler on the entry form for pre-bracketing. Disqualification may result if a wrestler is found to be more than five pounds over the registered weight. A \$20 fee will be charged to challenge any wrestlers weight.

****NO WALK IN OR LATE ENTRIES FOR SECOND GRADE AND UNDER.****

Trophies for first, medals for second, third and fourth will be awarded.

HAMEL/ MALCOLM/ PAGLES MEMORIAL TROPHY for the team demonstrating the best sportsmanship throughout the day. This award is voted upon by the officials.

OFFICIALS: Registered officials will be present at each mat.

ENTRY FEE: \$12.00 (NO REFUNDS) Entries must be post marked by March 24th. \$18 late entry or walk in fee.

ADMISSION: Adults - \$3.00 Students - \$2.00 Under 5 - Free

CONCESSIONS: Will be provided by the Waverly Wrestling Club. Please no coolers in the gym.

COACHES MEETING: 8:30 A.M. in the weigh in area.

TOURNAMENT SCHEDULE:

GRADE	WEIGH-INS	WRESTLE
Pre-K – K	Check-in 7:30-8:30AM	9:00 AM
1 st – 2 nd	Check-in 7:30-8:30AM	9:00 AM
3 rd – 4 th	9:00 AM – 10:30 AM	12:30 PM
5 th – 6 th	9:00 AM – 12:30 PM	2:30 PM
7 th – 8 th	9:00 AM – 2:30 PM	4:30 PM

START TIMES WILL BE MOVED UP WHEN POSSIBLE!!

Make checks payable to: **Waverly Wrestling Club**

Mail to: Rick Rutt

5501 Waverly Road
Lincoln, NE 68514

Phone: Rick Rutt 402-464-1729 or

Rich Werner 402-486-1227

CUT AND SEND ONLY THE BOTTOM PORTION

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PLEASE PRINT THE REGISTRATION

NAME _____ Phone# _____

AGE _____ BIRTH DATE _____

GRADE _____ WEIGHT _____

CLUB _____ 2009-10 RECORD _____

I certify that the above information is correct and the above wrestler has my permission to wrestle in the Waverly Wrestling Club Tournament. I hereby release the Waverly Wrestling Club and their agents from any liability for accidents or injuries occurring at this tournament. I hereby authorize medical treatment administered by licensed personnel in case of injury of accident.

Signature of PARENT/GUARDIAN _____ Date _____

Mail to:
Rick Rutt
5501 Waverly Road
Lincoln, NE 68514