

YORK KIDS WRESTLING TOURNAMENT

FRIDAY MARCH 5, 2010

WHERE: YORK HIGH SCHOOL GYMNASIUM -- YORK, NEBRASKA

WEIGHT CLASSES: No set weight classes. All wrestlers must send in their actual weights. We will spotcheck questionable wrestlers, and disqualification may result.

ENTRY FEE: \$12.00 per contestant due with entry form. **NO REFUNDS. NO WALK INS.**

AWARDS: **Trophies for Champions!!** All other wrestlers will medal. Pre K-1,2 medals only.

FORMAT: 3 & 4 man round robins. For Grades Pre-2, an all-winners format will be used.

SCORING: Huskerland rules. No cards required.

OFFICIALS: NO YOUTH REFEREES. **NSAA certified officials only.**

<u>GRADE</u>	<u>CHECK-IN</u>	<u>WRESTLE</u>
Pre - K, 1 - 2	5:00-5:45 PM	approximately 6:00 PM
3 - 8	5:30-6:30PM	at Conclusion of Grades P-2

ADMISSION: Adults: \$3.00 Students: \$2.00 5 and under free.

Note: We will bracket on Thursday, MARCH 4, 2010. Have all entry forms in by March 3rd.
One Coach per 10 wrestlers. **ABSOLUTELY no parents on gym floor.** Coach's pass required.
Pick up passes at the coach's meeting at 5:45 PM in the wrestling room.

PLEASE PRINT: Make Checks Payable to York Kids Wrestling

Name: _____ Grade: _____ Weight _____

Club: _____

Address: _____ City: _____ State: _____ Age: _____

Parents/Guardian Name: _____ Phone: _____

I certify the above information is correct and the above wrestler has my permission to wrestle in the York Kids Wrestling Club Tournament. I hereby release the York Kids Wrestling Club, York High School, and any and all of their agents from any responsibility, and or liability, in case of accident or injury. I hereby authorize medical treatment administered by licensed medical personnel in case of injury or accident.

Signature of Parent/Guardian _____ Date: _____

Wrestler's Signature _____ Date: _____

Mail Entries to:

Charles Hoffman
1920 Rd 8
York, NE 68467
Phone: 402-366-4287 after 5:30PM
Phone: 402-362-5577 7:00AM to 4:00 PM

