

OGALLALA FOLKSTYLE WRESTLING HUSKERLAND TOURNAMENT

SUNDAY, FEBRUARY 26TH, 2012

- WHERE:** OGALLALA AUDITORIUM (514 EAST B)
- BRACKETS:** PRE-KINDERGARTEN/KINDERGARTEN 1ST & 2ND GRADES 3RD & 4TH GRADES 5TH & 6TH GRADES 7TH & 8TH GRADES
- PAIRINGS:** FOUR-MAN BRACKETS (PAIRED AS CLOSE TO WEIGHT AS POSSIBLE)
PRE-K THROUGH 6TH GRADE GUARANTEED TWO MATCHES
7TH & 8TH GRADE- 4 MAN ROUND ROBIN WHEN POSSIBLE
- ENTRY FEE:** PRE REGISTRATION: \$12.00 PER WRESTLER. MUST BE RECEIVED OR FAXED NO LATER THAN THURSDAY FEBRUARY 23TH **NO REFUNDS**
LATE REGISTRATION: \$15.00 PER WRESTLER **NO REFUNDS**

AAU / Huskerland / USA Card needed

- AWARDS:** PRE-K THROUGH 8TH GRADE-EVERONE MEDALS. 3RD THROUGH 8TH GRADE RECEIVE "OGALLALA INDIAN" MEDALS

- SCORING:** THREE ONE MINUTE PERIODS, ALL PERIODS BEGIN IN THE NEUTRAL POSITION
USING HUSKERLAND MODIFICATION OF FOLKSTYLE RULES
NO SCORES KEPT FOR PRE-K THROUGH 2ND GRADE.

****** IF YOU DON'T CHECK IN ON TIME, YOU WON'T WRESTLE ******

- CHECK- IN** 11:00 A.M. TO 12:00 P.M. - ALL GRADE LEVELS CHECK IN
WRESTLING BEGINS AT 12:30 P.M. – RANDOM WEIGHT CHECKS AS NEEDED

- ADMISSION:** ADULTS-\$3.00 CHILDREN- \$ 1.00

- CONCESSIONS:** AVAILABLE THROUGHOUT TOURNAMENT. MEDAL ENGRAVING AVAILABLE

SUBMIT ENTRIES TO : OGALLALA WRESTLING CLUB- P.O.BOX 187, KEYSTONE, NE, 69144

OR FAX TO: (308) 284-6950 OR E-MAIL TO

Tim Ryan- tryan@keithcountyne.gov or Renae Zink- grtdczink@yahoo.com

INFORMATION: **TIM RYAN 308-726-1203, OR RENAE ZINK 308-280-0889**

WRESTLER'S NAME _____ GRADE _____ WEIGHT _____ BIRTHDATE _____
CLUB _____ PARENT'S NAME _____
PHONE _____ STREET ADDRESS _____
CITY/ STATE/ZIP _____

WAIVER & RELEASE:

IN CONSIDERATION OF ACCEPTANCE OF THIS ENTRY, I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ASSIGNS, DO WAIVE AND RELEASE ANY AND ALL CLAIMS FOR DAMAGE I MAY HAVE AGAINST THE OGALLALA WRESTLING CLUB, OR HUSKERLAND WRESTLING, OR OGALLALA PUBLIC SCHOOLS AND THEIR SUBCOMMITTEES, AGENTS, REPRESENTATIVES, AND ASSIGNS, FOR ANY AND ALL INJURIES SUFFERED BY ME OR MY CHILD DURING WRESTLING COMPETITION OR IN ANY WAY CONNECTED WITH THE OGALLALA WRESTLING CLUB.

WRESTLER'S SIGNATURE _____ **DATE** _____

PARENT'S SIGNATURE _____ **DATE** _____

