**Sheboygan Falls Wrestling Club Youth Tournament**

**Folkstyle Youth Wrestling Tournament**

**Kindergarten through 8th grade**

**Date: Saturday, March 11th, 2017**

**Location: Sheboygan Falls High School**

**220 Amherst Ave.**

**Sheboygan Falls, WI 53085**

**No spectator fee! / No USA card required!**

**Cost: $16.00 for pre-registration on Trackwrestling.com or mailed in,**

**$20.00 at the door if not paid by dates below**

**\*\*Pre-registration and payments that are mailed in must be postmarked no later than March 4th\*\***

**\*\*Pre-registration paid by credit card must be entered on Trackwrestling.com by March 9th\*\***

**\*\*\*NO REFUNDS\*\*\***

**Walk-ins accepted from 7:30am-8:30am Pre-Registered check-in until 9:30am**

**\*\*If you are pre-registered and do not check in by 9:30am, you will be scratched from the tournament\*\***

**Wrestling starts 10:00am**

**\*\*Pancake and sausage breakfast will be served starting at 7:30am\*\***

**Contact: Eric Herren e-mail: sfwrestling1@gmail.com**

**Mail entries to: Sheboygan Falls Wrestling Association**

**232 Buffalo St.**

**Sheboygan Falls, WI 53085**

**No weigh-in, please submit your weight, we reserve the right to check all weights**

**There will be 4-man brackets separated by grade, weight, and skill level**

**(Kindergarten - 2nd grade) (3rd - 4th grade) (5th - 6th grade) (7th - 8th grade)**

**Kindergarten through 8th grade will have choice for 2nd and 3rd periods**

**7th and 8th grade will wrestle on full mats**

**All matches will be three 1 minute periods**

**Limit 350 Wrestlers – Walk-ins Accepted until 8:30am**

**This tournament provided great competition last year and wrestling was completed by 2:30pm**

**All Wrestlers will receive a medal**

**All Champions in Kindergarten through 8th grade receive the chart and a champion t-shirt**

**Team Trophies 1st Place through 3rd Place $10.00 entry per team**

**Wrestlers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Skill level: \_\_\_\_\_\_\_\_\_ (1) Beginner, limited experience**

**(2) Average, wins half of matches**

**Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3) Very competitive, wins most matches**

**In consideration to my child’s acceptance into the Sheboygan Falls Youth Wrestling Tournament, I, my heirs, executors, and administrators, waive and release the Sheboygan Falls School District, its administrators, parents, coaches, sponsors, their agents, and representatives committees and members from any and all claims or rights to damages or injuries while competing in or traveling to or from this tournament. I also give my permission for emergency medical treatment.**

**Parent or Guardians Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**