

# Richard "Dick" Brown Memorial Tournament

By

## Lexington Wrestling Club

Huskerland Sanctioned Folkstyle Tournament

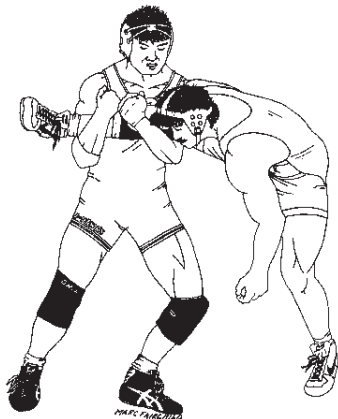
Friday March 6th, 2009

Lexington High School --- 13th & Adams, Lexington, NE

### TOURNAMENT SCHEDULE

<u>Grades</u>	<u>Check - In</u>	<u>Start Wrestling</u>
K - 2 <sup>nd</sup>	4:00 - 4:30	5:00
3 <sup>rd</sup> & 4 <sup>th</sup>	4:00 - 5:00	Following K - 2 <sup>nd</sup>
5 <sup>th</sup> & 6 <sup>th</sup>	4:00 - 6:00	Following 3 <sup>rd</sup> & 4 <sup>th</sup>
7 <sup>th</sup> & 8 <sup>th</sup>	4:00 - 6:00	7:00

(NO PRE-KINDERGARTEN)



**ENTRY FEE:** \$10.00 per wrestler. Must be sent with registration form.  
payable to Lexington Wrestling Club, P.O. Box 1079, Lexington, NE 68850.

**DEADLINE:** ENTRIES MUST BE RECEIVED BY MARCH 4th.

**FORMAT:** Four man round robin for all classes when possible. K - 4th, 3 60 sec periods. 5th - 8th, 3 90 sec periods .  
Random weight checks will be used. Wrestler will forfeit all matches and entry fee if 3 pounds over.  
AAU Insurance card required for all wrestlers.

**AWARDS:** All participants medal.

**ADMISSION:** Adults - \$3.00          Students - \$1.00          5 and under - Free

**CONSESSIONS:** Available all day. NO coolers in gym.

For more information e-mail [roger@veetronix.com](mailto:roger@veetronix.com)

Name: \_\_\_\_\_ Club: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ AAU Insurance# \_\_\_\_\_

#### Waiver and release

The Lexington Wrestling Club is a non-profit corporation affiliated with Huskerland Wrestling. Neither the Lexington Wrestling Club nor \$10.00 entry fee provides any insurance coverage for any wrestling participant. If the applicant is not covered by the family insurance policies, the family may want to consider not having the child participate because of risk of injury. IN CONSIDERATION OF ACCEPTANCE OF THIS ENTRY I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, AND ASSIGNS, DO WAVIER AND RELEASE ANY AND ALL CLAIMS AND RIGHTS FOR CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE LEXINGTON WRESTLING CLUB OR HUSKERLAND WRESTLING OR LEXINGTON PUBLIC SCHOOLS AND THEIR SUBCOMMITTES, 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 LEXINGTON WRESTLING CLUB.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_