

Weeping Water Fire Department Youth Wrestling Tournament Sunday February 15, 2009

Place: Weeping Water High School 204 West O Street Weeping Water, NE 68463
Entry Fee: \$15.00 (no refunds) Call-ins, faxes and emails welcome. **(Limited to first 400)**
 \$20.00 for entries received after Friday, 2/6/09 (Call-ins, faxes, emails and walk-ins)

Make all checks payable to: Weeping Water Fire Department

Send entries to: Jerry Markham
 P.O. Box 341
 Weeping Water, NE. 68463

Phone Entries: Lora Markham (402) 297-4498 Kathy Schreiner (402) 297-2411

Email: rschreiner@hughes.net **Fax entries:** (402) 267-5575

All Brackets 4 man round robin-3 matches

Grade Periods (min)	Weigh-in time	Start time	Start time
Pre K & Kind/ 7 & 8	7:00 - 8:00am	9:00am	1-1-1/1.5-1.5-1.5
1 st & 2 nd	Before 10:00am	11:00am	1-1-1
3 rd & 4th	Before 11:00am	1:00pm	1-1-1
5 th & 6th	Before 12:00pm	3:00pm	1-1-1

Weigh-ins: Day of tournament (electronic scale)
Officials: **Certified Officials**
Awards: Medals for all four places - wall bracket to the champion
Admission: \$5.00 adults: \$4.00 children: Under 5 free (1 coach per team free.
 Must check in at registration table)
Concessions: Concessions will be available all day.

All information is required

Name _____ Grade _____ Age _____ Birthdate _____ Weight _____ Record _____

Address _____

Club _____ Head Coach _____

Parent/Guardian _____ Phone _____

Liability Waiver: In consideration of your accepting this enter, I hereby for myself, my heirs, my executors, and administrators, waive and release the Weeping Water Youth Wrestling Club, Weeping Water Public Schools and the Weeping Water Fire Department of all liability for any and all injuries suffered by me at or in connection with the 2009 Weeping Water Wrestling Tournament. This is to include all club coaches, directors, board members or any one else connected with the club.

Parent/Guardian Signature _____

Wrestler Signature _____