

**OCP 1ST ANNUAL WRESTLING
TOURNAMENT**
**Sunday, January 4th, 2009 OMAHA
CREIGHTON PREP High School
7400 WESTERN AVE
OMAHA, NE 68114**

Entry Fee: \$12.00/wrestler if mailed in, no refunds (must be post-marked thur Jan. 1st)
\$15.00/ wrestler if e-mail or walk-in
Make Checks Payable to: OCP Wrestling

Mail Entries to: Charles McCain, 4708 Glasgow ave Bellevue,NE 68157
For Information: call Charles@(402) 680-6140or raymccain@live.com
or Eli @402-639-4482or eli.j.dominguez@wellsfargo.com

admission: \$3 adults, \$2 students

Format: 4-man round robin (whenever possible)
Awards: Medals for 1st -4th Brackets for all 1st place winners!
*Certified officials! *Concessions available all day! *
we ask all in town clubs to weigh in on Saturday 6:00PM-8:00PM
Divisions By Grade: Periods: Weigh-ins : Start Time:
Pre K-2 3 one-minute 6:45-7:45 am 9:00 am
3rd & 4th 3 one-minute Before 9:00 am 11:00 am
5th & 6th 3 one-minute Before 11:00 am 1:00 pm
7th & 8th 3 ninety- second Before 1:00 3:00 pm

Wrestler's Name: _____ Grade: _____
Weight: _____ Record: _____ Years Experience: _____
Club: _____ Coach: _____

Liability Waiver: In consideration of your acceptance of this entry, I herby for myself, my heirs, and administrators waive and release the OCP Wrestling Club, OMAHA CREIGHTON PREP of all liability for any injuries suffered by me at or in connection with the OCP Wrestling Tournament. I also understand that I am to have health insurance to be entered in this tournament. This release includes all club coaches, directors, workers, board members, and any others connected with the tournament.

Date: _____
Parent Signature: _____ Wrestler Signature: _____