**Sedgwick County Youth Wrestling Tournament**

**March 7th, 2020**

**Ovid High School Gymnasium**

**500 Main, Ovid, Colorado**

**SATELLITE WEIGH-INS ONLY**

Coaches or Parents Must Email Entries with Names, Ages, and Weights

With a **Contact Phone Number** By 11:00 PM MST on Thursday, March 5th to [toddmissyh@gmail.com](mailto:toddmissyh@gmail.com) (Email) A confirmation E-mail will be sent back to confirm receipt of registration.

**NOTE: Tournament directors reserve the right to check any wrestler’s weight and age they may deem questionable.  Bring proof of age in case questions arise. *There will be scales available to check challenged weights.***

**\*\*There will be no Saturday weigh-ins\*\***

Doors open at 7:00 a.m.

Coaches need to sign in teams by 8:00 a.m.

Wrestling begins at approximately 9:30 a.m.

**Tournament Entry Fee**:  $20.00 (includes meal)

We would prefer one check per team2. All registered wrestlers must pay. No refunds.

\*\*\*\*Advance notice of cancellations would be appreciated\*\*\*\*

**Admission**:  $5.00 Adults / $2.00 Student

Trophies for 1st Place and medals for 2nd – 4th Places

Team Sportsmanship Award

Age Divisions: 4& U, 6 & U, 8 & U, 10 & U, 12 & U, 14 & U

Three, One-minute Periods of Wrestling

Ties will be broken with first point scored in overtime

High School Rules Apply

**CONCESSIONS**

Concession will be open for breakfast and lunch.

**CONTACT**

Todd Harrington (cell) 970-520-9017 / (email) [toddmissyh@gmail.com](mailto:toddmissyh@gmail.com)

Bring Waiver to the Tournament for Each Wrestler

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to compete in the Sedgwick County Youth Wrestling Tournament on March 3, 2018.  I hereby accept full responsibility for his/her behavior and participation. Good sportsmanship by Coaches, Parents and Wrestlers will be displayed throughout the day as well as the rules of a fair wrestling match.  I will not hold the Sedgwick County Wresting Club or the Revere School District responsible for any accident or injury that may occur during the tournament.

Parent or Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wrestler’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sedgwick County Youth Wrestling Tournament**

**Saturday, March 7th, 2020**

All Entry Fees Must Be Collected @ Club’s Satellite Weigh-Ins ($20/wrestler) and are due to the Sedgwick County Youth Wrestling Club prior to the tournament starting.  Please make checks payable to S.C.Y.W.

**ABSOLUTELY NO REFUNDS**-If you are on this Weigh-in Form then the fee is due.

**SATELLITE WEIGH-IN FORM**

I have weighed all the below Wrestler’s and collected their entry fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                                                                                          (Officer / Coach of Club)

Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- | --- |
| **Wrestler’s name**  (Example- John Smith) | **Date of Birth**  (MM/DD/YY) | **Division**  (11&U) | **Actual Weight**  (74.3) | **Insurance Provider** | **Policy Number** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |

WAIVER & RELEASE: In consideration of submitting this entry, I hereby for myself, my heirs, executers, and administrators; waive and release

any and all claims and rights for claims I may have against the Sedgwick County Youth Wrestling Club, or Revere School District and their volunteers, subcommittees, agents, representatives, and assigns, for any and all accident, injury, or death suffered by me or my child during wrestling competition or in any way connected to the parties listed above.