canton wrestling club

**44TH open tournament**

**saturday APRIL 27TH, 2024**

# Entry deadline: APRIL 24TH, 2024 (WE WILL ACCEPT LATE ENTRIES AT THE DOOR)

**Location:** Alice Ingersoll Gymnasium, 44 W.Walnut St. Canton, IL 61520

**Entry fee:** Early Entry $15 per wrestler

Late Entry at the door $20 per wrestler

## make checks payable to: Canton Wrestling club

### P.O. Box 551

**canton il, 61520**

**Insurance:** Each participant must provide his/her own accident insurance & sign attached waiver

**weight classes:** Weight classes will be determined after weigh in. There will be 4 man RR whenever possible.

**AGES ARE DETERMINED AS OF THE DATE OF THE TOURNAMENT.**

Be prepared to provide a photocopy of birth certificate at weigh-in (if requested).

#### 7 DIVISIONS

SUPER PEE WEE 5yrs & under INTERMEDIATE 12, 13, & 14yrs

PEE WEE 6 & 7yrs HIGH SCHOOL GRADES 9,10, &11

FLYWEIGHT 8 & 9yrs OLD TIMERS Seniors & older

JUNIOR 10 & 11yrs

WEIGH-INS 7:00-8:00 AM WRESTLING STARTS 9:30 AM

ILLINOIS HIGH SCHOOL RULES WILL BE OBSERVED

AWARDS: Custom Medals for 1st, 2nd, 3rd, & 4th place in each weight class (all wrestlers in 4 man RR will receive an award)

FOR FURTHER INFORMATION CONTACT: CANTON WRESTLING CLUB

P.O. BOX 551

CANTON, IL 61520

PHONE: MATT KEES (309) 338-1327

PLEASE PRINT

CANTON WRESTLING CLUB

44TH OPEN TOURNAMENT

APRIL 27TH, 2024

EARLY ENTRY FEE: Due by 4/24/24

FEE: $15 early OR $20 at the door

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_

Age (as of 4/27/24): \_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One: SUPER PEE WEE PEE WEE FLYWEIGHT JUNIOR INTERMEDIATE HIGH SCHOOL OLD TIMER

In consideration of your acceptance of this entry, I, intend to be legally bound hereby, for myself, my heirs, executors, and administrators, and waive and release the CANTON WRESTLING CLUB, and their agents, representatives, committees, and members from any and all claims or rights to damage for injuries or losses suffered by me directly or indirectly in training, or traveling to or from, or competing in, or attending the CANTON WRESTLING CLUB OPEN TOURNAMENT. Anyone falsifying information will be reported to their Coach or Principal.

SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each contestant must complete a separate form. Additional forms may be photocopied.

**please mail to: canton Wrestling Club NONREFUNDABLE**

**P.O. Box 551**

**Canton, IL 61520**