



# ADM Tiger WRESTLING TOURNAMENT



**Sunday, January 17, 2010**

ADM HIGH SCHOOL GYMNASIUM  
801 Nile Kinnick Dr. South, Adel, IA 50003

DIVISIONS	GRADE	WEIGH-IN	WRESTLE
Junior	5 <sup>th</sup> & 6 <sup>th</sup>	6:30 am– 8:00 am	9:00 am
Senior	7 <sup>th</sup> & 8 <sup>th</sup>	6:30 am– 8:00 am	9:00 am
Pee Wee	K, 1 <sup>ST</sup> , 2 <sup>ND</sup>	10:00 am – 11:00 am	After JR/SR
Bantam	3 <sup>rd</sup> & 4 <sup>th</sup>	10:00 am – 11:00 am	After JR/SR

## AWARDS: Trophies for All Four Place Winners

**ENTRY FEE:** \$15.00. Make Checks Payable to the Tiger Wrestling Club. This is a pre-bracketed and pre-registered tournament. No walk-ins nor call-ins accepted. **Limit 400 Wrestlers.**

**SEND REGISTRATION FORM AND ENTRY FEE TO:** Tiger Wrestling Club, 25047 Calico Creek Lane, Adel, IA 50003 Forms must be postmarked by Tuesday, January 12<sup>th</sup>, 2010.

**CONTACT INFORMATION:** Andy Mumma, Tournament Director at 515-993-4280

**PAIRINGS FORMAT and RULES: Four-Man Round-Robin. IHSAA Rules**

**Matches: Three (3) One (1) Minute Periods w/ Modified Sudden Victory if Necessary (SR Div. is 2-1-1)**

**Admission: Adults - \$3.00, Students \$1.00**

(Cut and mail bottom portion)

Name: \_\_\_\_\_ Contact Phone # (required): \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_ Division: \_\_\_\_\_ Record: \_\_\_\_\_

## IMPORTANT LIABILITY WAIVER AND PERMISSION AGREEMENT

By signing this agreement, I, the participant, parent, and/or guardian understand that participation in this activity may result in some type of injury and protective equipment does not prevent all injuries to participants. I hereby give permission for my child, ward, or myself to participate in the below registered program and/or activity and certify that my child (or myself) is physically fit to join in the activities. I hereby waive, release, and agree not to hold the ADM Tiger Wrestling Club, ADM Community Schools, sponsors, supervisors, and/or volunteers liable for any injuries that may occur as a result of participation in these activities. I also give my permission for any photos/videos, etc. of these participants taken during a program to be used for future promotional materials.

Please take note and govern yourself accordingly.

I ACKNOWLEDGE THAT I HAVE SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

\_\_\_\_\_  
(Participant's Signature) (Date) (Print Name)

The undersigned, \_\_\_\_\_ does hereby represent that he/she, in fact, is the parent or legal guardian of  
Parent \_\_\_\_\_ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.  
wrestler \_\_\_\_\_

I certify that \_\_\_\_\_ is the age stated above and that he/she is in the \_\_\_\_\_ grade as of the date of the tournament.  
wrestler \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Legal Guardian) (Date) (Print Name)

\_\_\_\_\_  
(Relationship to minor)