



ADM Tiger WRESTLING TOURNAMENT & CLINIC



Sunday, January 15, 2012

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

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

New this year – Former ISU wrestlers, Joe Curran, Nick Gallick and Mitch Mueller will be putting on a clinic for all tournament participants. This will run for about an hour and will be held prior to the start of wrestling for both divisions (1st session start 8:00 A.M. and 2nd session to start shortly after the conclusion of the Pee Wee/Bantam division.)

Walk Ins Accepted

**AWARDS: Full Wall Charts and 1st Place Trophies for champion.
Trophies for All Four Place Winners**

Preregistration Entry Fee \$15.00. At the Door - \$20.00. Make checks payable to the Tiger Wrestling Club. **SEND REGISTRATION FORM AND ENTRY FEE TO:** Tiger Wrestling Club, Attn: Steve Curry – 33829 Mill Creek Drive Adel, Iowa 50003. Preregistration forms must be postmarked by Wednesday, January 12th, 2012 to guarantee they arrive on time.

CONTACT INFORMATION: Steve Curry, Tournament Director at 515-729-2910.

PAIRINGS FORMAT and RULES: Four-Man Round-Robin where possible. IHSAA Rules (headgear optional).

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

Admission: Adults - \$4.00, Students \$1.00

(Cut and mail bottom portion)

Name: _____ Contact Phone # (required): _____

Address: _____

City: _____ State: _____ ZIP: _____ Club: _____

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 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 _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.
Parent
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)