

Hudson Little Pirate Wrestling Classic

Youth Wrestling Tournament
We've added a Pre-K division this year.
Sponsored by the Hudson Athletic Booster Club

SATURDAY, NOVEMBER 21st, 2009 HUDSON HIGH SCHOOL GYM

<u>GRADE</u>	<u>WEIGH-INS</u>	<u>WRESTLING TIME</u>
Pre-K	7:30 - 8:00	8:45 - 10:00
1-2	9:30 - 10:00	10:30 - 11:45
3-4	11:15 - 11:45	12:15 - 1:30
5-6	1:15 - 1:45	2:15 - 3:45
7-8	3:00 - 3:30	4:00 - 5:30

*Trophies will be given for each place finisher in grades Pre- 6
Medals will be given for each place finisher in grades 7-8*

ENTRY FEE: \$12.00 NO REFUNDS – NO INSURANCE

Phone-ins will be accepted only if space is available. Call in entries will pay \$15.00 at time of registration.

PAIRINGS: No weight classes will be used. Wrestlers will be paired based on actual weight immediately following weigh-ins. We will also attempt to pair by ability. All wrestlers will wrestle a four-person round robin. Hopefully no byes will be necessary and pairings of wrestlers from the same town or club can be avoided. **Pre-K, 3-4, 5-6 matches will be three, one-minute periods; 7-8 will be 2-1-1. No ties, sudden victory for overtime.**

It is impossible for us to contact all of the participants who may be interested in and enjoy the sport of wrestling. Please make copies of this form and pass it along to a friend. COACHES: Please make copies and pass them on to your future wrestlers. Thank you!

Keep the top portion for your reference.

ENTRY DEADLINE NOVEMBER 20th, 2009 NO WALK-INS

Name _____ City _____
School _____ Club _____
Age _____ Weight _____ Grade _____ Phone _____

To the best of your knowledge, please check only one of the following: **Beginner (1st or 2nd year) _____, Novice (> 2 years with some weekend tournament experience) _____ or Experienced (AAU or USA State Tournament experience) _____.**

I certify _____ is in _____ grade in school and has my permission to compete in the Hudson Little Pirate Wrestling Classic. I hereby accept full responsibility for his/her behavior and participation. I agree not to hold the Hudson Community School District or any of the participating coaches, referees, workers or the Hudson Athletic Booster Club or its members responsible for injury or accident to the participant listed above. I understand that none of the above carries medical insurance to cover the named participant.

Signed _____ (Parent or Guardian)

Mail entry form and fee of \$12.00 to: Hudson Booster Club
Attn: Jon Robertson 319-988-3375
115 Celeste St. Hudson, IA 50643

Very Important: Please included your payment with the entry form.

Thanks again!