

# Royals Wrestling Club Youth Tournament Saturday, December 14<sup>th</sup>, 2019

MMCRU Middle School  
511 Roosevelt Avenue  
Remsen, Iowa 51050



DIVISIONS:                    PEE-WEE:    Pre-K thru 2<sup>nd</sup> grade  
                                       NOVICE:      3<sup>RD</sup> & 4<sup>TH</sup> grade  
                                       JUNIOR:      5<sup>TH</sup> & 6<sup>TH</sup> grade  
                                       SENIOR:      7<sup>TH</sup> & 8<sup>TH</sup> grade

WEIGH-INS TIMES:            Pee Wee/Novice:      8:00 - 9:00 am  
    Juniors/Seniors:      9:00 - 10:00 am  
    Wrestling will begin as soon as brackets are finalized.

AWARDS:                        Hat and Trophy 1<sup>ST</sup> PLACE, trophies 2<sup>ND</sup> - 4<sup>TH</sup> place  
    Pee Wee/Novice wrestle three 1 minute periods (1-1-1)  
    Juniors/Seniors wrestle one 2 minute period and two 1 minute periods (2-1-1)

CONCESSIONS:                Breakfast & lunch will be served. NO COOLERS PLEASE

REGISTRATION:                \$12.00: Pre-registration must be post-marked no later than Dec. 11, 2019.  
    \$15.00: Walk-ins

EARLY REGISTRATION IS LIMITED TO THE FIRST 300 WRESTLERS

Mail Entry Form and Entry Free (payable to Royal Wrestling Club):  
 Ginell Wetter  
 5124 J Avenue  
 Cleghorn, IA 51014

ADMISSIONS:                 Adults: \$5            Students: \$3            5 & Under: FREE

CONTACTS:                     Adam Pigott            712-229-3848  
    Jake Wetter            712-261-2114  
    Nick Dreckman        712-229-0373

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Cut along this line to mail and postmark by December 11<sup>th</sup>

NAME \_\_\_\_\_ SCHOOL OR CLUB \_\_\_\_\_ DIVISION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

GRADE \_\_\_\_\_ WEIGHT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ABILITY RATING: (1-EXPERIENCED - 5-BEGINNER)    1    2    3    4    5 (CIRCLE ONE PLEASE)

I HEREBY RELEASE THE ROYALS WRESTLING CLUB AND THE MMCRU SCHOOL DISTRICT FROM ALL LIABILITY FROM BODILY INJURY OR PROPERTY DAMAGE TO OR CAUSED BY THE ABOVE NAMED PARTICIPANT. I FURTHER AGREE TO REIMBURSE THE SAME FOR ANY AND ALL COSTS INCURRED BY OR IMPOSED UPON THEM AS A RESULT OF THE ACTIVITIES OF THE ABOVE NAMED PARTICIPANT. I UNDERSTAND THAT THERE IS NO REFUND OF THE REGISTRATION FEE FOR ANY REASON. THE WRESTLER PARTICIPATING IN THE TOURNAMENT DOES SO AT THEIR OWN RISK.

\_\_\_\_\_  
 PARENT/GAURDIAN SIGNATURE

\_\_\_\_\_  
 DATE