

# FRITZ NIELSEN WRESTLING TOURNAMENT

## *BRACKETED AND RUN ON TRACK WRESTLING!*

DATE: December 8, 2018 – SATURDAY

PLACE: Algona High School  
600 South Hale  
Algona, IA 50511

ENTRY FEE: \$15.00 by Thursday, December 6 (Algona Wrestling Booster Club)  
Wrestlers permitted to wrestle up (1) age division with parent/guardian consent.  
Wrestlers competing in more than one age division will be charged accordingly.

WEIGH-IN: 7:45 – 8:30 a.m. Division I (grades 7-8), Division II (grades 5-6)  
9:15 – 10:00 a.m. Division III (grades 3-4)  
11:00 – 11:45 a.m. Division IV (grades 1-2), Division V (grades PK-K)

WRESTLING: Wrestling will begin when bracketing is complete  
3+ brackets assigned to each mat and wrestle until bracket completion  
Awards handed out shortly after the completion of each bracket  
Divisions I & II will be followed by Division III then Divisions IV and V  
Div. I = full mat, Div. II, III = half mat, Div. IV, V = half and quarter mat

AWARDS:	Four Man	<u>Division I - II</u>	<u>Division III - IV - V</u>
	Round Robin	1 <sup>st</sup> Place Medal	1 <sup>st</sup> Trophy
		2 <sup>nd</sup> Place Medal	2 <sup>nd</sup> Trophy
		3 <sup>rd</sup> Place Medal	3 <sup>rd</sup> Trophy
		4 <sup>th</sup> Place Medal	4 <sup>th</sup> Trophy

Tune in to KLGK 92.7 and KLGZ 98.5 for any weather related announcements

----- **COMPLETE LOWER HALF AND RETURN** -----

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

*I certify that \_\_\_\_\_ was born on the date stated above and has my permission to compete in the Fritz Nielsen Wrestling Tournament. I accept responsibility for the participation, behavior and insurance coverage of my child. I will not hold the Algona Wrestling Booster Club, the Algona Community School District or any of their agents responsible for damages caused by the above entrant. I consent to any medical procedures and treatments that the consulted physician believes to be needed on the understanding that efforts will continue to be made to contact me.*

SIGNATURE (Parent / Guardian) \_\_\_\_\_ DATE \_\_\_\_\_

Send Form & Fee to: Brian Morgan  
1607 80<sup>th</sup> Ave.  
Algona, Iowa 50511  
(515) 341-7049 ([bmorgan@algona.k12.ia.us](mailto:bmorgan@algona.k12.ia.us))