



BELLEVUE SHOOTING STARS TOURNAMENT

SATURDAY, NOVEMBER 23, 2019



Location: Bellevue High School
1601 State Street
Bellevue, Iowa 52031

Weigh-ins: 8:00 am – 9:00 am; wrestling will begin approximately at 10:00 am

Divisions: Super PeeWee PeeWee Bantam Junior Senior
PreK-K 1st-2nd 3rd-4th 5th-6th 7th-8th

Format: 4 person round robin format when possible (1-1-1 periods)
PreK-4th graders will wrestle in one gym on 2/3 mat
5th-8th graders will wrestle in adjacent gym on full mat (7th-8th grade will wrestle 2-1-1)

Awards: Medals will awarded for each wrestler

Concessions: Breakfast and Lunch will be served (no coolers allowed)

Admission: \$4 Adults \$2 Students

Information: For additional information, please Dave Ripperger
Email: dave.ripperger@hotmail.com or cell phone: (515) 865-7691

Registration: \$15 in advance (postmarked before November 18), \$20 walk-in

Make checks payable to *Bellevue Wrestling*

Mail entries to: *Bellevue Shooting Stars*
1601 State Street
Bellevue, Iowa 52031

NAME _____ PHONE NUMBER _____

ADDRESS _____ CITY/STATE _____

EMAIL ADDRESS _____

BIRTHDATE: _____ AGE: _____ GRADE: _____

CLUB OR SCHOOL NAME: _____

BEGINNER _____ INTERMEDIATE _____ EXPERT _____ APPROXIMATE WEIGHT _____

I hereby certify that _____ has my permission to compete in the Bellevue Shooting Stars Wrestling Tournament. I hereby accept full responsibility for his/her behavior and for his/her participation. I will not hold the Bellevue Wrestling Team, Bellevue Schools, any of their agents, or committees responsible or liable for any accident occurring at this tournament. In consideration of your acceptance of this entry, I intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release the Bellevue School District, their agents, representatives, committees, and members from any and all claims or rights to damage for injuries or losses suffered by me directly or indirectly in training, traveling to or from, or in competing in or attending the Bellevue Shooting Stars Wrestling Tournament.

I have insurance: Yes _____ No _____ (If no, parent should accompany wrestler to be responsible).

Signature of Parent/Guardian: _____

Signature of Wrestler: _____

All blanks MUST be filled and accompanies with entry fee to be accepted by the Bellevue Wrestling team.