

CEDAR VALLEY WRESTLING

NEW YEARS BASH DUALS

YOUTH 7 ON 7 NATIONAL WRESTLING DUAL TOURNAMENT

K-8 NATIONAL WRESTLING TOURNAMENT

When: Sunday, January 3, 2021

Where: Bien Vienu Event Center 7400 Hudson Rd, Cedar Falls, IA 50613

GRADE BASED DIVISIONS

Grades K-4th Lower weight division

40, 45, 50, 55, 60, 65, 70

Grades K-4th Upper weight division

75, 80, 85, 90, 95, 100, HWT

Grades 5th-8th Lower weight division

65, 70, 75, 80, 85, 90, 95

Grades 5th-8th Upper weight division

100, 110, 120, 130, 140, 150, HWT

AWARDS-1st-3rd team plaques for each division, outstanding wrestler plaques for each division, individuals with 3 or more wins will receive all-american certificates.

1st-3rd place teams will receive 10 medals per team for each division.

Outstanding wrestler award for each division!

ENTRY FEE: \$250 per team

Email: cwwrestle@gmail.com for paying information. (Deposit of \$125 due Jan.1st)

*If over the 7 wrestler roster limit you must pay \$30 extra per wrestler over the 7 wrestler limit.

*With the fee you get 2 coaches in free, 1 table worker in free. Extra coaches and table workers will be \$10 per person at the door.

FREE AGENTS FEE: \$30 wrestlers with a team

Email: cwwrestle@gmail.com to be placed on a team!

MANDATORY WEIGH IN TIMES:

Early weigh-in (\$20 per wrestler)

Jan. 2 7-8:00 p.m. Doors open 6:30 p.m.

(Free weigh-in) 7-8:00 a.m. Jan.3 doors open 6:30 a.m.

2.2 pound Growth Allowance and Singlet Allowance!

All wrestlers must wear singlets at weigh-ins!

Wrestling Start time-9:00 a.m.

We will have Certified Wrestling Officials and a Tournament DJ!

HOST HOTELS CLOSE TO BIEN VIENU EVENT CENTER

Holiday Inn & Suites 7400 Hudson Rd,

Cedar Falls, IA 50613 (319) 260-2600

Holiday Inn Express 1614 Technology Pkwy,

Cedar Falls, IA 50613 (319) 277-2400

AmericInn by Wyndham 5818 Nordic Dr,

Cedar Falls, IA 50613 (319) 277-6166

ADMISSION: \$10 per person

3 YEARS OLD OR YOUNGER FREE! No Refunds!

2 coaches free per team. 1 free table worker per team.

Extra coaches and table workers \$10 per person.

Will be streamed live on Trackwrestling.com

No Refunds!

Concession Stand and Apparel Sales all day

No Refunds

TOURNAMENT RULES

1. Coaches rosters must be on TrackWrestling before Jan 2, 2021 @ 5pm. Bring a copy of birth certificate or school report card containing birth date to check in, if your wrestler's age is challenged and you do not have proof of age then your wrestler may be disqualified from the tournament. A good way to handle this is to take a picture of the document so you have it on your phone whenever someone questions age and you do not have a sensitive document floating around. HWT has no max weight.
 2. Weigh-ins will be held at the tournament site. Anyone not arriving by the appropriate weigh-in time will be scratched. All wrestlers must wear singlets at weigh-ins! Clip your fingernails in advance! Nails should be short enough to not be felt when you push in on each finger end. If you have a skin condition, bring a note from the doctor that it is not contagious or you will be scratched! Each team will get 2 free coaches entries, each team must have 1 table worker that person will get in free and each team gets a roster of 7 wrestlers. If you go over 7 you will need to pay \$30 extra per wrestler over the 7 limit.
 3. You could wrestle around 2-5 times depending on how many teams sign up. We will have pool round robin duals first then we will go into the placing rounds based on pool placing.
 4. Matches will run 2-1-1. We will have I.H.S.A.A. Certified Wrestling Officials. We will run I.H.S.A.A. Middle School Overtime 1 min. Neutral position 1st O.T. first takedown wins and if still tied 2nd O.T. :30 second ultimate tiebreaker. Decisions of the referee will be final. Use of headgear is optional but shoelaces must be taped to the shoe or secured by a locking device on the wrestling shoe in an acceptable fashion. Participants, parents and coaches will be disqualified and removed for swearing, throwing headgear, and unsportsmanlike conduct. All matches will be conducted under I.H.S.A.A. Middle School rules.
 5. We will use full mats. Wrestlers will wrestle on the first available mat throughout the day.
 6. Only 2 coaches in the corner in chairs coaching at all times! Only wrestlers and coaches, table workers and staff with a wristband inside the roped off area!
 7. Cedar Valley Wrestling & Bien Venu will not be responsible for lost items or liable for accidents.
 8. Double Bracketing is allowed. We will have 15 mins. wait time between matches and this tournament will be seeded. You will be able to bump a wrestler up one weight for any match.
 9. No wrestling card needed for this tournament! Wrestlers can bring small coolers for drinks and snacks! Parents and fans can not bring in coolers!
 10. Our goal is to run the most efficient tournament possible. You must have your Cedar Valley Wrestling Tournament Covid-19 Waiver and Injury/Illness Waiver filled out and signed to wrestle in the tournament.
 11. Infrared thermometers will be utilized for entry into the venue. The temperature has to be at 99.8 or less. If someone is sick, do not bring them.
- Every one when Not wrestling or Adults/Coaches in the venue are required to wear a face shield or face mask. They will be available for purchase. Hand sanitizer will be in plentiful supply.
12. We recommend people 60 years an older to not attend. People with pre-existing conditions should not attend. *Note Live Stream Video Available*

CEDAR VALLEY WRESTLING TOURNAMENT COVID-19 WAIVER AND INJURY/ILLNESS WAIVER

Waiver Release of Child(ren) by Parent/Guardian I, as the parent/legal guardian of _____, hereby grants permission necessary to allow the child to participate in the Cedar Valley Wrestling Tournament to be held in the City of Cedar Falls and Bien Venu. I, on my own behalf and on behalf of my child, further agree to release and to hold Cedar Valley Wrestling, Bien Venu and the City of Cedar Falls, their respective directors, officers, representatives, members, agents, volunteers and employees harmless from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses arising out of or connected with the event, including any claim arising out of or connected with any illness or injury (minimal, serious or catastrophic and/or death) that my child may incur or sustain during the event, all activities associated with the event and while traveling to and from the event sites. Participation includes possible exposure to illness from infectious diseases including but not limited to MRSA, influenza, and Covid-19. While particular rules/protocols and personal discipline may reduce this risk, the risk of serious illness and death does exist. No one guarantees that you or your child(ren) will not become infected with Covid-19. The person(s) signing below voluntarily assumes this risk because s/he chooses or elects to do so. I further expressly agree to indemnify and hold harmless Cedar Valley Wrestling, Bien Venu and the City of Cedar Falls, their respective directors, officers, representatives, members, agents, volunteers and employees against loss from any further claims, demand or actions that may be subsequently be brought by the child(ren) or by any other persons or the account of damages of any character resulting to the child(ren) in any way from the foregoing activities. I further agree to reimburse and to make good to Cedar Valley Wrestling, Bien Venu and the City of Cedar Falls, their respective directors, officers, representatives, members, agents, volunteers and employees may have to pay as a result of any such action, claim or demand. I on my own behalf and on behalf of my child(ren) hereby warrant that I have read this liability release in its entirety and fully understand its contents. I, on my own behalf and on the behalf of my child(ren), am aware that this liability release absolves Cedar Valley Wrestling, Bien Venu and the City of Cedar Falls, their respective directors, officers, representatives, members, agents, volunteers and employees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk for any injury, illness or Covid-19. I, on my own behalf and on behalf of my child(ren), have signed this document voluntarily and of my own free will.

Parents/Legal Guardian Printed Name _____

Parents/Legal Guardian Signature and Date _____

Participant Printed Name _____

Participant Signature and Date _____

Health concerns _____

Emergency Phone Number _____