

# CEDAR VALLEY

## WRESTLING

# NEW YEARS GIRLS BASH

## K-8 National Girls Individual Wrestling Tournament

**When:** Sunday, January 3, 2021

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

### GRADE BASED DIVISIONS

**Grades K-2:** 40, 45, 50, 55, 60, 65, 70+

**Grades 3-5:** 45, 50, 58, 65, 73, 82, 91+

**Grades 6-8:** 73, 82, 91, 100, 110, 120, 130+

*\* We reserve the right to combine weight classes that have 3 or less wrestlers.*

*\*\*At the highest weight in each division we would create a new bracket if we had a dramatic difference in weight (typically a greater than 15% difference in body weight).*

**AWARDS:** 1st-4th medals and wall bracket for Champion! Individuals 1st-4th will receive All-American certificates. Outstanding wrestler award for each division! Team Champions plaques in each division.

**ENTRY FEE:** \$25 pre registration must be done and paid for online at [trackwrestling.com](http://trackwrestling.com) by Jan. 2nd @5pm. Walk-ins will be \$45 cash only! No phone or e-mail entries. Information/Forms available at: [www.thepredicament.com](http://www.thepredicament.com) Click on Youth Schedule. Double bracketing and wrestling up a grade division is allowed. You must pay twice for double bracketing/wrestling up! No Refunds unless this tournament gets cancelled!

**Sign up today search event on [trackwrestling.com](http://trackwrestling.com)  
"Cedar Valley New Years Girls Bash"**

### 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/ 4 YEARS OLD OR YOUNGER  
FREE! No Refunds!**

**\$20 per coach for a coaches pass!**

### TOURNAMENT INFORMATION CONTACT:

Email: [cvwrestle@gmail.com](mailto:cvwrestle@gmail.com)

Sponsored by Cedar Valley Sports Commission

# TOURNAMENT RULES

1. Entries must be registered and paid on TrackWrestling on or before Jan. 2nd @5pm, 2020 @ 5pm for the discount price. Bring a copy of birth certificate and 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.
  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!
  3. You could wrestle 2-5 times depending on how your day goes. Tournament directors reserve the right to add or combine weight classes.
  4. All Matches will run 2-1-1 . 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. 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. When a participant is not on deck to wrestle, they are expected to be off the wrestling mat and inside the roped off area. Only 1 or 2 coaches in the corner in chairs coaching at all times! Only wrestlers and coaches 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 and wrestling up a grade division is allowed. We will have 15 mins. wait time between matches and this tournament will be seeded.
  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 each Day.

## 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 \_\_\_\_\_