



# Future Falcon Wrestling Tournament

Davenport West High School 3505 West Locust St. Davenport, IA 52804

## Saturday November 30, 2019

**Weigh Ins: 7:30 - 9:00 AM**      Brackets Established After weigh-ins

Wrestling begins after brackets are established

**Entry Fee:** \$15 if received before Tuesday November 26, 2019 - \$20 for walk-ins (no phone entries)

|                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <u>Peewee</u><br>K & Under | <u>Bantam</u><br>1st & 2nd | <u>Novice</u><br>3rd & 4th | <u>Junior</u><br>5th & 6th | <u>Senior</u><br>7th & 8th |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

*No one above 8th grade or above the age of 14 (as of 11-26-19) will be allowed to compete*

- **Coaching:** One coach will be allowed at mat side
- **Officials:** Certified & Iowa High School rules will be observed with the exception of head gear

**Make checks payable to:** Future Falcon Wrestling Club    Refunds / Insurance not included

Mail entries to: Kelley Weisrock 2337 West Rusholme St. Davenport, IA 52804

Please return this portion with Entry Form



**Student name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School/Club:** \_\_\_\_\_ **Years Exp:** \_\_\_\_\_ **Wins:** \_\_\_\_\_ **Losses:** \_\_\_\_\_

**I CERTIFY THAT MY SON/DAUGHTER IS IN THE GRADE STATED ABOVE AND HAS MY PERMISSION TO PARTICIPATE IN THE FUTURE FALCONS WRESTLING TOURNAMENT. I HEREBY ACCEPT FULL RESPONSIBILITY FOR HIS/HER BEHAVIOR, PARTICIPATION, AND INSURANCE COVERAGE. I WAIVE AND RELEASE WEST HIGH SCHOOL, ITS REPRESENTATIVES, AND COACHES OR MEMBERS FROM ALL CLAIMS OR RIGHTS TO DAMAGES OR INJURIES SUSTAINED WHILE PARTICIPATING IN THE FUTURE FALCON WRESTLING TOURNAMENT.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_