

**Holstein Kiwanis Youth Wrestling Tournament**

**Sunday February 10,2019**

**Ridge View High School, Holstein, Iowa**

Weight classes will be decided after all entries are received. Divisions will be as follows and wrestling times are approximate:

	<u>Super Pee Wee</u>	<u>Pee Wee</u>	<u>Novice</u>	<u>Junior</u>	<u>Senior</u>
	Age 6 & Under	Age 7 & 8	Age 9 & 10	Age 11 &12	Age 13-14
<b>Weigh-ins:</b>	10:00-11:00	10:00-11:00	11:00 – 12:00	11:00 – 12:00	11:00 – 12:00
<b>Wrestling:</b>	11:30	11:30	Follow PW's	Follow PW's	Follow PW's;
<b>Entry Fee:</b>	\$15 pre-paid or call in. Postmarked by 2/5/2019 (NO REFUNDS)				

Walk-ins: \$20 at the door

**ADMISSION:** \$4 Adults, \$2 Students;

**AWARDS:** All participants will be awarded medals, 1<sup>st</sup> through 4<sup>th</sup> place  
1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place team trophy.

10 WRESTLER TEAMS maximum, teams may still compete with less than 10 wrestlers. Team rosters need to be  
Turned in as soon as possible, before brackets are posted.

WRESTLERS MUST BE FROM THE SAME CLUB FOR TEAM COMPETITION!

**IMPORTANT:** In case of bad weather, listen to KCHE, KIDA, KAYL or KDSN radio stations, KMEG or KTIV TV Stations.

**BREAKFAST AND LUNCH WILL BE AVAILABLE BY THE HOLSTEIN KIWANIS**

.....CUT ALONG THIS LINE .....

DIVISION \_\_\_\_\_

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ RECORD – W \_\_\_\_\_ L \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ WRESTLING CLUB \_\_\_\_\_

I certify that \_\_\_\_\_ is the age stated and has my permission to compete in the Holstein Kiwanis Youth Wrestling Tournament. I certify that his/her behavior, participation, obedience and good sportsmanship will be displayed throughout the day. In consideration of my accepting this entry: I hereby, for myself, my child, my ward, my heirs, executors and administrators waive and release any and all rights and claims for damages we may have against Holstein Kiwanis Club, Galva-Holstein School District, Pirate Wrestling Club, their subcommittees, agents, representatives, and assigns for any and all injuries suffered at said tournament. I am also responsible for my own child's insurance coverage and medical expenses.

Parent's/Guardian's Signature \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mail Entry Form and Fee To:**

**Make all checks payable to: Pirate Wrestling Club**

Tyler Schubert

5906 150<sup>th</sup> St

Galva, IA 51020

Phone Registrations or questions you may call:

Tyler Schubert 712-261-1494 – Call in Entries

Kody Wiig 712-253-1913

