



2nd ANNUAL

IRON ELITE

Youth National Duals

January 20th, 2019

Location: Nielsen Fieldhouse 1400 W 19th St, Cedar Falls, IA 50613 (On the UNI Campus)

K - 8 TOURNAMENT OF CHAMPIONS DUALS

Weigh-in Schedule

- Jan.19th early optional weigh-ins for Elite Clubs & School Based Clubs 7pm-9pm (\$20 per wrestler)
- Jan.20th free weigh-ins for Elite Clubs and School Based Clubs 6am-8am

Duals Information:

- Limited to 8 Teams per division (Round Robin Format followed by Bracket Format)
- We will have two Divisions Elite clubs and School based/beginner
- 18 weight classes and 2 alternates = 20 wrestlers per team (If over the 20 wrestler limit its \$30 per wrestler over the 20 wrestler limit)
- 2-1-1 minute periods-1 mins. OT and 30 sec. tie breaker with certified officials!
- \$500 Registration Fee for each school based club division team (wrestling on full mats)
- \$500 Registration Fee for each Elite Club division team (wrestling on full mats)
- Weight Classes: 50,55,60,65,70,75,80,85,90,95,100,110,120,130,140,150,165, HWT (max 235)
- Concession Stand and Apparel Sales all day
- Teams that are over the 20 wrestler team limit - \$30 per wrestler for each additional wrestler over the limit!
- Wrestlers without a team (free agents) -If you do not have a dual team and want to be placed on one. \$30 per wrestler to be placed on a team!

Tournament Schedule:

- 9am-10:30am Round Robin dual 1
- 10:30am-Noon Round Robin dual 2
- Noon-1:30PM Round Robin dual 3
- 1:30pm-2:00pm Bracketing Break
- 2pm-3:30pm Bracket Semi-Final Round dual 4
- 3:30pm-5:00pm Bracket Placing Round dual 5

**THIS EVENT
SOLD OUT
LAST YEAR!**

Team Awards: 22 Gold Medals for Championship Team and Championship Team Trophy, 2nd place Team Trophy and 22 Silver Medals and 3rd Place Team Trophy and 22 Bronze Medals.

Individual Awards: Gold All-Americans 5-0 will receive a Gold Medal, Silver All-Americans 4-1 will receive a Silver Medal and Bronze All-Americans 3-2 will receive a Bronze Medal. We will have a most valuable wrestler award of each division!

Rules: You will be able to bump a wrestler up one weight for any match. A wrestler cannot be in this event if he is 15 years or older. Please be prepared to show proof of age/grade if challenged. Each school based/beginner club team cannot have more than 3 free agents the rest of the team must be club members! Each team will be allowed 2 Free coaches. Each Team will provide 1 FREE table worker for this event. NO scale allowance!

Spectator entry fees: \$10 and \$5 programs



Please all checks and mail all entry fees and camp waivers to: Attn: Mr. Chilton, Iron Elite Wrestling, 1011 W. Boston Ave., Indianola, Iowa 50125



TEAM ENTRY FORM

(MUST BE SIGNED AND RETURNED AT WEIGH-INS)

Team Name: _____

Coaches Names: 1. _____ 2: _____

Table Worker: _____ (only 1 table worker FREE) Each team must have at least one table worker!

Competitors name may be added or deleted up until the time of the initial weigh-in. After that, only weight class changes may be made.

WHEN IS THE TEAM WEIGHING? (circle one) \$20 early weigh-in or Free weigh-in

TEAM DIVISION (circle one) Elite clubs or school based/beginner clubs

PAYMENT PLAN (circle one) Pre-pay by certified check before weigh-ins or pay with cash at weigh-ins

ATHLETIC LIABILITY RELEASE

I certify that all information provided is correct and the wrestlers have my permission to compete in the Iron Elite National Duals Tournament. I also certify that each participant is a member of the club they are representing today and I only have 3 or less free agents that are not from my school based/beginner club. This does not apply for Elite/All-star clubs. Elite/All-Star clubs can have more than 3 free agents. I hereby, for myself and members of my team, waive and release any and all rights and claims for damages myself or members of my team have against the Iron Elite Wrestling, Steven Farrell, Anthony Chilton and/or the UNI, their agents and representatives

Coach Signature: _____ Date: _____

INDIVIDUAL ENTRY FORM

Each wrestler must have this filled out before they weigh-in

Name: _____ Division: _____

Address: _____

Email Address: _____

City: _____ State: _____ Zip: _____

Grade: _____ Team: _____

Cell Phone: _____ Weight Class: _____

Heath Concerns: _____

I certify my child has been cleared by a physician and hereby give my permission for any and all activities involved in the Iron Elite Nationals. I further waive any legal action against Steven Farrell, Anthony Chilton, Iron Elite, UNI and its employees for injuries my child may incur.

Parent's Signature _____ Date: _____

Head Official will fill out:

Scale weight: _____ Skin Check: _____ Hair: _____ Nails: _____

Please make all checks payable to: Iron Elite Wrestling and mail all entry fees and camp waivers to:

Attn: Mr. Chilton, Iron Elite Wrestling, 1011 W. Boston Ave., Indianola, Iowa 50125

Question: Email ironelitewrestling@gmail.com | Phone number- 515-689-9188

FOR HOTEL INFORMATION CONTACT: teams@tdtravelerservices.com