

# 2019 Union Knights Holiday Classic Wrestling Tournament

## Saturday, November 30th

**Make checks payable to:** Knights Wrestling Club



**Mail form & checks to:**  
Knights Wrestling Club  
501 Locust Street  
La Porte City, IA 50651



**Tournament Name:** Knights Holiday Classic

**Location:** Union High School / 200 Adams St. / La Porte City

**Date:** Saturday, November 30th, 2019

**Mail-in Deadline:** Tuesday, November 26th      **Fee:** \$15.00      **Walk-in:** \$20

**Divisions:** K-2, 3-4, 5-6, 7-8 (Specify Grades and/or Ages)

**Weigh-in Times:** 7:00 a.m.-7:50 a.m. (No admittance after 8:00 a.m.)

**Wrestling begins:** Approximately 9:15 a.m. or as soon as brackets are hung

**Awards:** All wrestlers receive a medal, 4 wrestler round robin brackets

**Team Awards:** 1st, 2nd and 3rd place Team trophies will be awarded. Team sign up is \$20 and due morning of tournament before brackets are hung.

(large 4 inch medal)



**Contact:** Bart Mehlert / 501 Locust St / La Porte City, IA 50651 / 319-231-3298 / bart\_personified@hotmail.com

Cut off bottom and mail:-----

**Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Wrestling Club:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Weight at weighin:** \_\_\_\_\_ (leave blank)

**Beginner** \_\_\_ **Average** \_\_\_ **Good** \_\_\_ **Excellent** \_\_\_

**E-Mail Address:** \_\_\_\_\_

**Important:** We make every effort to assure evenly matched competition.

\_\_\_\_\_ has my permission to compete in the Union Knights Holiday Classic Wrestling Tournament. I, the parent or guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Union Knights Holiday Classic Wrestling Tournament, Union Community Schools, and all affiliated organizations or sponsors. Recognizing the possibility of physical injury associated with wrestling and in consideration for the Union Booster Club and Knights Wrestling Club accepting the registrant for participation in the Union Knights Holiday Classic Wrestling Tournament, I hereby release, discharge, and/ or otherwise indemnify Union Booster Club, Knights Wrestling Club, Union Community Schools, all affiliated organization and sponsors, their employees, volunteers, and associated personnel, including the owners of the equipment and facilities utilized against any claim by or on behalf of the registrant as a result of the registrant's participation in the Union Knights Holiday Classic Wrestling Tournament.

**I fully understand that no insurance is provided and verify that the above information is correct.**

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date