

**Mason City Wrestling Club K-6 Wrestling Tournament**  
**Sunday, January 20<sup>th</sup>, 2019**  
**Mason City High School Gym**  
**1700 SE 4<sup>th</sup> St. – Mason City, IA 50401**

**Weigh-ins:** 12:00 – 1:00 pm

**Wrestling Starts:** all divisions will start as soon as bracketing is complete

**Divisions**

K-2 – Pee Wee (will try to match with same grade – K, 1 and 2)

3-4 – Junior

5-6 – Senior

**Format:** 4 man round robin. Overtime will be used if necessary. IHSAA rules with exception of headgear, which is optional. All age divisions will wrestle at the same time.

**Awards:** Medals for all places

**Entry Fee:** \$15.00 – Walk-ins only; no pre-registration

Make checks payable to: Mason City Wrestling Club (or MCWC)

E-mail any questions to: [mckidswrestling@gmail.com](mailto:mckidswrestling@gmail.com) or call: 641.583.1355

Please visit our Facebook Page (Mason City Wrestling Club) for tournament updates in case of inclement weather.

**Admission:** Adults - \$5.00                  Children/Students - free

**Concessions will be available.**

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Wrestler's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

School/Club Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Division \_\_\_\_\_ Weight \_\_\_\_\_

Wrestler Rank: \_\_\_\_\_ Beginner                  \_\_\_\_\_ Experienced                  \_\_\_\_\_ Advanced

By signing this form, I agree to waive and release Mason City Community Schools and their agents, the Mason City Wrestling Club, and all tournament representatives, committees, and volunteers from any claims for damages, losses, or injuries suffered during this tournament. I further guarantee that I have adequate health insurance coverage for my tournament participant.

Parent or Guardian's Signature \_\_\_\_\_