

Midland Little Eagles Wrestling Classic

Saturday November 3rd 2018

NO WALK INS / MUST BE WITH-IN 3 LBS OF REGISTERED WEIGHT. PRE-BRACKETED

Location: Midland High School- 109 W. Green St. Wyoming, IA

Weigh-Ins: 7:00-8:00 AM

Wrestling Starts: 9:00 AM

Awards: Trophies to Pee-Wee, Medals to others

Format: Four man round robin. Each wrestler will wrestle at least twice.

Coaches: **Two coaches per wrestler per mat! NO EXCEPTIONS** Sportsmanship is expected.

Admission: Adults \$4.00 Students \$1.00

Food: There will be a food stand available all day. **NO COOLERS ALLOWED!**

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|-------------------|----------------|---------------|---------------|---------------|-----------------------|
| Divisions: | Pee-Wee | Bantam | Novice | Junior | Senior |
| | Pre K-K | 1st & 2nd | 3rd & 4th | 5th & 6th | 7th & 8 th |

THIS IS PRE-BRACKETED / NO WALK-INS. There will be five divisions. Any 6th Grader who is 14 must compete in the Senior Division. Any 8th Grader who is 16 years old is **ineligible** to compete. IHSAA Rules will apply to wrestling, with the exception of headgear and final decision criteria.

Entry Fee: \$15 Postmarked by October 29th, 2018 Limited to first 350 wrestlers!

MAKE CHECKS PAYABLE TO: Little Eagles Wrestling Club **No Refunds.**

Mail To: Little Eagles Wrestling Club

PO Box 355

Wyoming, IA 52362

For Info: Casey Huston 319-480-4763 e-mail clhuston96@gmail.com

Insurance: **Know your insurance company. We are not responsible for insurance.**

PLEASE PRINT:

NAME: _____ PHONE: _____

CITY: _____ STATE: _____ Zip _____

AGE: _____ GRADE: _____ WEIGHT: _____ CLUB : _____

BIRTHDATE: _____ Last Year's: WINS: _____ LOSSES: _____

I certify that _____ was born on the date stated above and has my permission to compete in the East Central Iowa Little Eagles Classic. I hereby accept full responsibility for his/her behavior, participation, and insurance coverage. I hereby release all claims of loss and damages I may have against the Little Eagles Wrestling Club or Midland Community School District. If my child needs medical attention, it is my wish that the treatment begins while efforts are made to contact me. I hereby consent to any medical procedures that the physician believes needed, on the understanding that efforts will continue to be made to contact me.

Parent or Guardian signature

Date

All blanks must be filled in and accompanied with payment to be accepted by the Little Eagles Wrestling Club.