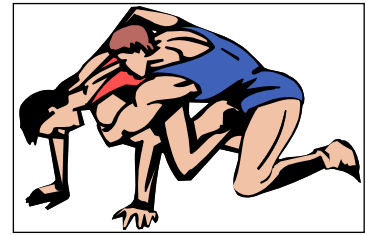


The Jordan Taylor RED OAK JR. WRESTLING TOURNAMENT

Sunday, February 10th, 2019



DATE: Sunday, February 10th, 2019
 LOCATION: Red Oak **Middle School Gym***
 ENTRY FEE: \$15.00 (NO REFUNDS)
 \$17.00 Late Registration

*WEIGH-IN/CHECK-IN: PK -4th 8:00 a.m. - 9:00 a.m.
 5th-8th 11:00 a.m. -12:00 a.m.
 WRESTLING BEGINS AT 10:00 a.m.

LIMITED TO 1ST 350 REGISTERED PARTICIPANTS
 ADMISSION: Adults: \$3.00 Students: \$1.00

Entry fee and form must be received no later than February 8th, 2019. Late registration can be done day of tourney until 350 cap is met.

DIVISIONS:

MINI PEE Wee--Preschool-Kindergarten	PEE WEE 1 ST - 2 ND Grades	BANTAM 3 RD - 4 TH Grades
JUNIOR 5 TH -6 TH Grades	SENIOR 7 TH -8 TH Grades	

- Wrestlers must weigh within three pounds of weight sent in on entry form
- Only two coaches will be allowed in the mat area with a wrestler
- We will use a 4-man round robin when possible.
- Trophies will be awarded for 1st-4th place for mini pee wee, pee wee, and bantam; medals will be awarded for other divisions.
 - A SPECIAL TROPHY (2 Ft. tall) will be awarded in the Jr./Sr. Division to wrestler with the most pins in the least amount of time.
- Concession stand will be open at weigh-ins and throughout the day.

ENTRY/CONSENT FORM

The Red Oak Community School system and the Montgomery County Family YMCA (YMCA)/Red Oak Youth Wrestling Association (ROYWA)/ Jordan Vannausdle Athletic Association (JVAA) do not take responsibility for the injuries that occur while my son/daughter is participating in this tournament. By signing below, I the parent or guardian of the participant give full consent to the child to take part in this tournament and will be responsible for his/her actions. I, the parent or guardian, will not hold the YMCA/ROYWA/JVAA, and/or the Coaches/officials liable while my son/daughter participates in the Red Oak Youth Wrestling tournament. My child has insurance if an injury should occur.

(Please type or print)

NAME: _____ AGE: _____ GRADE: _____ (No Freshman)

BIRTHDATE: ____/____/____ WEIGHT _____ PHONE: (____) _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WRESTLING CLUB: _____ WIN/LOSS RECORD ____ WINS ____ LOSSES

I, _____, the parent/ guardian of _____ certifies that he/she was born on the date stated and has my permission to compete in the Red Oak Tournament. I also certify that he/she is ____ years of age and is in the ____ grade. I hereby accept full responsibility for his/her behavior and participation. I will not hold the YMCA/ROYWA/JVAA or Red Oak Community School District responsible for any accidents.

(Parent or Guardian Signature)

MAIL TO: **JVAA**
 611 N. 8th St
 Red Oak, IA 51566

QUESTIONS: Brett Eubank (712) 621-0181 or eubankb@roschools.org
MAKE CHECKS PAYABLE TO: JVAA

**MONTGOMERY
 COUNTY
 FAMILY
 YMCA**

