



RIVERSIDE WRESTLING CLUB 2018 Youth Team Tournament

Team Trophies will be given for 1st, 2nd and 3rd Place

When: Sunday, December 16th, 2018

Where: Riverside High School (**NEW HS LOCATION, South of Oakland on Hwy 59**)
18997 US-59
Oakland, IA 51560

Format: 4-Man Brackets, Round Robin

Awards: Medals will be given following completion of each round robin.

Admission: \$5.00 adults and \$2.00 for students

Fee: **\$20.00 if PAID Entry is complete on Trackwrestling by 8:00 PM Dec. 15th**
\$25 day of tournament for Walk-ins

Registration: Register and pay ONLINE with Trackwrestling. Click on the link below:

<http://www.trackwrestling.com/tw/opentournaments/VerifyPassword.jsp?tournamentId=149104132>

Walk-ins: **Sunday, December 16th: Accepted from 7:30AM–9AM (You will not be allowed in the tournament after 9AM)**

Weigh-Ins: **Sunday, December 16th: 8AM-9AM (Lower Gym Level Locker Rooms)**

NO Satellite weighins prior to the meet. All Weighins will be the morning of the tournament.

Wrestling Starts at 10AM

Divisions: Grades PreK-K
Grades 1st/2nd
Grades 3rd/4th
Grades 5th/6th
Grades 7th/8th

Wrestlers from the same clubs will be separated as much as possible in addition the only other way to ensure wrestlers are separated is if there is 10% difference in weight.

****Matches for PreK-6th grade will be (3) one minute periods, 7th-8th will be 2-1-1.

Overtime: 1 minute neutral sudden victory, then 30 sec tie breaker if needed.

IHSAA Rules will apply.

Concessions: Available all day. **No coolers please.**

Information: Phil Reed	Jackie Moore	Aaron Gordon
(402) 290-4671	(712) 310-4923	(402) 651-8081

I certify _____ is in _____ grade in school and has my permission to compete in the Riverside Wrestling Club Youth Tournament. I hereby accept full responsibility for his/her behavior and participation. I agree not to hold the Riverside Community School District or any of the other coaches, referees, workers or the Riverside Wrestling Club or its members responsible for injury or accident to the participant listed above. I understand that none of the above carries medical insurance to cover the named participant.

Signed: _____ (Legal Parent or Guardian)