



2020 Union Knights Holiday Classic Wrestling Tournament

Saturday, November 28th

Make checks payable to: Knights Wrestling Club

Mail form & checks to:
Knights Wrestling Club
5617 11th Ave
Dysart, IA 52224

ALL SPECTATORS MUST WEAR A MASK

Tournament Name: Knights Holiday Classic

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

Date: Saturday, November 28th, 2020

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

Divisions: PreK-K, 1st-2nd 3rd-4th, 5th-6th (Specify Grades and/or Ages)

Weigh-in Times: 7:00 a.m.-7:50 a.m. (No admittance after 8:00 a.m.) typically complete by 1230

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.

Contact: Bart Mehlert / 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