

# PORT PIRANHA YOUTH FOLKSTYLE TOURNAMENT

**EXCELLENT COMPETITION!!!! FANTASTIC AWARDS!!!! GREAT FUN!!!!**

**SUNDAY, MARCH 7, 2010**

Held at Port Washington High School  
427 West Jackson Street  
Port Washington, WI 53074  
Weigh-Ins: Saturday Evening from 4:30 – 5:30 PM  
Sunday Morning from 7:00 – 8:00 AM

**Weigh-ins end at 8:00 AM SHARP – NO EXCEPTIONS!!!**  
**Return to Gym by 9:30 AM**  
**Wrestling to start approximately @ 10:00 (possibly before)!**

Format: 4 person round-robin (whenever possible)  
Aligns with Regional Age Divisions: 95-96, 97-98, 99-00, 01-02, 03-05

## **Individual and Team Awards**

**LIMITED 450 WRESTLERS**

### **STRICTLY PRE-REGISTRATION ONLY**

**Registration Fee due before or on February 25<sup>th</sup> - \$18.00**

**\*\*Register early due to tournament limit\*\***

**After February 25<sup>th</sup> call tournament director to verify space**

**Team Trophy Registration - \$15.00**

**\* No Refunds \* No Walk-Ins \* No Substitutions \***

USA CARD REQUIRED & MAY BE PURCHASED AT DOOR.

Any general questions about the tournament can be submitted to: [gary.knaub@lennoxind.com](mailto:gary.knaub@lennoxind.com)

For further information contact Gary Knaub, Tournament Director, at 262-305-8670

## **PORT PIRANHA YOUTH WRESTLING TOURNAMENT REGISTRATION FORM**

PRINT CLEARLY, complete ALL information, and return this form with fee to:

Gary Knaub, 350 Emerald Hill Drive, Fredonia, WI 53021

[gary.knaub@lennoxind.com](mailto:gary.knaub@lennoxind.com)

**Make checks payable to:** Port Washington Wrestling Club

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

Parent/Guardian Name: \_\_\_\_\_

Year of Birth: \_\_\_\_\_ USA Card#: \_\_\_\_\_

Address: \_\_\_\_\_

Club: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

# Years Wrestling: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Phone: \_\_\_\_\_

email address: \_\_\_\_\_

In consideration of my child's acceptance in the Port Washington Wrestling Club Youth Tournament, an activity with inherent injury risk, I, My heirs, executors and administrators waive and release the members, officers, directors, Port Washington-Saukville School District, parents, coaches, sponsors, and their agents and representatives from any and all claims or rights to damage or injuries arising from training, competing or traveling during the activities. All liability for injuries or accidents will be assumed by the parents or guardians of the individual whose name appears on this form. I also give authorization (in case of injury) for emergency medical treatment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Where did you hear about our tournament? \_\_\_\_\_