

Whitewater Youth Wrestling Tournament(s) Two "Experience Based" Tournaments in One "All Trophy Tournaments"

Standard Tournament information below – See Back or Page 2 for Beginners Tournament

- When: Sunday, January 24, 2010
- Where: Whitewater High School
534 South Elizabeth Street
- Weigh-ins: Sunday, January 24th, 8:00 – 9:00 a.m.
There will be a 3 pound allowance from the registration weight entered.
Weight can be changed on trackwrestling.com until 5:00 pm on Friday Jan. 22, 2010
- Divisions: K, 1-2, 3-4, 5-6, 7-8
- Format: Four-Man Round Robin
Brackets will be made Saturday evening.
- Entry Fee: \$12.00 (USA Card Required) Available the day of the tournament for \$35
- Awards: Custom "Bobble Head Trophies!" to all participants in each individual weigh class.
Individual Pin Awards
Team Trophies to the top Five Teams Available!

TWO EASY WAYS TO REGISTER

Register on line at www.trackwrestling.com. (Entry fee must be paid with credit card.)

OR

Complete the following form, include with a check payable to Whitewater Youth Wrestling Club.
Mail to: Shane Zahn, N903 Marshall Rd, Whitewater, WI 53190

Name _____ USA Card # _____ Club/School _____

Address _____ City/Zip _____ Phone # _____

Email Address _____ Grade _____ Weight _____ (Mandatory)

- Experience (check one) _____ "4" Experienced Wrestler, Typically wins tournaments
_____ "3" Good Wrestler, finishes 1st or 2nd in tournaments
_____ "2" Average Wrestler, mostly finishes 2nd or 3rd
_____ "1" Beginner - no tournament experience or usually finishes 3rd or 4th in tournaments
(See next page for our beginners only tournament as an alternative.)

In consideration of my child's acceptance into Whitewater Youth Wrestling Tournament, I, my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and members from any and all claims or rights to damages for injuries while competing in or traveling to or from this tournament. I also give my permission for emergency medical treatment.

Parent/Guardian signature: _____ Date: _____

Mailed in forms must be received by Wednesday, January 20th. Entry verification on trackwrestling.com

For further questions, contact Shane Zahn at (262) 473-1646 or zahns@idcnet.com

Whitewater Youth Wrestling Beginner's Tournament

"All Trophy Tournament"

When: Sunday, January 24, 2010

Where: Whitewater High School
534 South Elizabeth Street

Weigh-ins: Sunday, January 24th, 8:00 – 9:00 a.m.
There will be a 3 pound allowance from the registration weight entered.

Divisions: Pre-K -K, 1-2, 3-4, 5-6, (NOTE: There will not be a 7-8 grade bracket)

Format: Round Robin – No Tears, No Pin falls
Both wrestlers' hands will be raised at the end of matches
The goal of this event is to give new wrestlers exposure to youth wrestling tournament format without the pressure of competing against experienced wrestlers. We are encouraging those club members who typically don't go to tournaments. It does not have to be the wrestlers' first year, but the wrestler should not have tournament experience. A coach's signature from the wrestler's home club is required on the application.

Entry Fee: \$8.00 (USA Card Required) Available the day of the tournament for \$35

Awards: Custom "Bobble Head Trophies!" to all participants in each individual weigh class.
No place designation will be given. All trophies will recognize participation.

Complete the following form, include with a check payable to Whitewater Youth Wrestling Club.

Mail to: Shane Zahn, N903 Marshall Rd, Whitewater, WI 53190

Beginner's Tournament

Name _____ USA Card # _____ Club/School _____

Address _____ City/Zip _____ Phone # _____

Email Address _____ Grade _____ Weight _____ (Mandatory)

In consideration of my child's acceptance into Whitewater Youth Wrestling Tournament, I, my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and members from any and all claims or rights to damages for injuries while competing in or traveling to or from this tournament. I also give my permission for emergency medical treatment.

Parent/Guardian signature: _____ **Date:** _____

Club Coach Signature (Required): _____ **Date:** _____

Mailed in forms must be received by Wednesday, January 20th.

For further questions, contact Shane Zahn at (262) 473-1646 or zahns@idcnet.com