



**KENOSHA GIRLS**

**WISCONSIN OPEN**

**WRESTLING TOURNAMENT**

**\*\*\*\*\*USA Card required\*\*\*\*\***

**Sunday, February 16, 2020**

**WEIGH-INS: 7:00am to 9:00am**

Mary D. Bradford High School 3700 Washington Rd. Kenosha, WI 53144

Main Telephone: (262) 359-6200 Fax: (262) 359-5948

Kenosha Girls Wrestling Coach Jerril Grover([jgrover@kUSD.edu](mailto:jgrover@kUSD.edu)): 4106-32ndAve Kenosha, WI 53144.....  
(262) 657-5046

**Registration Fee: \$25. 00 if Postmarked before Monday, February 10, 2020**

**Registration Fee at the door: \$30. 00 at the door**

**Spectator Fee: (Including Coaches): \$5.00**

**Divisions /Periods:**

Elementary Grades K-5 periods 1/1/1

Middle School Grades 6-8 periods 1.5/1.5/1.5

High school Grades 9-12 periods 2/2/2

**Weight Classes: Wrestlers will be grouped in brackets by WEIGHT and EXPERIENCE**

**Awards: Every wrestler will receive a medal. The champion will receive a wall chart.**

**Rules:**

**Folkstyle High School Rules and Guidelines (Hairnets optional for all, headgear optional for high school girls division).**

**Concessions will be available.**



**Send Fee and Registration Form to: Coach Jerril Grover([jgrover@kUSD.edu](mailto:jgrover@kUSD.edu)) 4106-32ndAve Kenosha, WI 53144 Make checks payable to - "Kenosha Girls Wrestling"**

**KENOSHA GIRLS WISCONSIN STATE WRESTLING TOURNAMENT** Group \_\_\_\_\_

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Parent(s) Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School \_\_\_\_\_ El. MS. HS. Age: \_\_\_\_\_

USA Card No. \_\_\_\_\_ Weight (Do not fill out) \_\_\_\_\_ lbs

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

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Experience: low medium high

In consideration of acceptance in the Wisconsin Girls State 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, rights and damages for injuries while competing in this program. I also give my authorization for emergency treatment.

\_\_\_\_\_ has my permission to participate in the Kenosha Girls Wisconsin State Wrestling Tournament.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Send Fee and Registration Form to: Coach Jerril Grover 4106-32nd Ave Kenosha, WI 53144

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