



RED OAK JR.WRESTLING ALL TROPHY TOURNAMENT

Saturday, January 14, 2012



DATE: Saturday, January 14, 2012
LOCATION: Red Oak High School Gym
ENTRY FEE: \$15.00 (NO REFUNDS)
\$17.00 Late Registration

*WEIGH-IN/CHECK-In: Kindergarten -4th 7:00 a.m. - 8:00 a.m.
5th -8th 10:00 a.m. -11:00 a.m.
WRESTLING BEGINS AT 9:00 a.m.

LIMITED TO 1ST 350 REGISTERED PARTICIPANTS

ADMISSION: Adults: \$2.00 Students: \$1.00

Entry fee and form must be received no later than January 13, 2011. Late registration can be done day of tourney until 350 cap is met.

DIVISIONS:

MINI PEE Wee--Preschool-Kindergarten
JUNIOR 5th-6th Grades

PEE WEE 1ST- 2nd Grades
SENIOR 7th-8th Grades

BANTAM 3rd- 4th Grades

- Wrestlers must weigh within three pounds of weight sent in on entry form
- Only two coaches will be allowed in the mat area with a wrestler
- We will use a 4-man round robin when possible.
- Trophies will be awarded for 1st -4th place
 - A SPECIAL TROPHY (2 Ft. tall) will be awarded in the Jr./Sr. Division to wrestler with the most pins in the least amount of time.
- Concession stand will be open at weigh-ins and throughout the day.

ENTRY/CONSENT FORM

The Red Oak Community School system and the Montgomery County Family YMCA (YMCA)/Red Oak Youth Wrestling Association (ROYWA)/ Jordan Vannausdle Athletic Association (JVAA) do not take responsibility for the injuries that occur while my son/daughter is participating in this tournament. By signing below, I the parent or guardian of the participant give full consent to the child to take part in this tournament and will be responsible for his/her actions. I, the parent or guardian, will not hold the YMCA/ROYWA/JVAA, and/or the Coaches/officials liable while my son/daughter participates in the Red Oak Youth Wrestling tournament. My child has insurance if an injury should occur.

(Please type or print)

NAME: _____ AGE: _____ GRADE: _____ (No Freshman)

BIRTHDATE: ___/___/___ WEIGHT _____ PHONE: (____) _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WRESTLING CLUB: _____ WIN/LOSS RECORD _____ WINS _____ LOSSES

I, _____, the parent/ guardian of _____ certifies that he/she was born on the date stated and has my permission to compete in the Red Oak Tournament. I also certify that he/she is _____ years of age and is in the _____ grade. I hereby accept full responsibility for his/her behavior and participation. I will not hold the YMCA/ROYWA/JVAA or Red Oak Community School District responsible for any accidents.

(Parent or Guardian Signature)

MAIL TO: JVAA
611 N. 8th St
Red Oak, IA 51566

QUESTIONS: Brett Eubank (712) 621-0181 or eubankb@roschools.com

MAKE CHECKS PAYABLE TO: JVAA

MONTGOMERY
COUNTY
FAMILY
YMCA

