

LAKOTA YOUTH WRESTLING

OPEN TOURNAMENT

Lakota High School
5200 Co. Rd. 13, Kansas, OH 44841
Sunday, December 17, 2017

Limited to the first 300 wrestlers

Weigh-ins: E-mail/Call in weights by HEAD COACH ONLY

- (must be received by Friday, December 15, 2017 – No Weigh-ins day of tournament)
- Please e-mail wrestlers name, age, weight & wrestling club to: biddlebarn@live.com
- All payments due for ALL entries at time of check-in.
- All wrestlers hands must be marked when they arrive at the tournament.
- FULL MATS FOR ALL DIVISIONS (same mat all day)

Wrestling Begins: At 10:00am

Doors open at 7:00am. ALL wrestlers NEED to be checked in by 9:00am.

Wrestlers not checked in by 9:00am, will be removed from the bracket (no refund).

Entry Fee: \$15.00 per wrestler (Make checks payable to “CAPE”)

Eligibility: Age as of December 17, 2017

DIVISION I: 6 and under	***Weight classes will be determined by entries received
DIVISION II: 7&8	***Singlet OR Shorts/T-Shirt only
DIVISION III: 9&10	
DIVISION IV: 11&12	***Bring Birth Certificate in case of challenge

Rules: Modified High School Rules, all round robin/pool classes, Three- 1 minute periods, All periods start on feet, out of bounds calls or lack of activity will start on feet, Sudden Death in OT, 12 point tech fall. **Wrestlers may only wrestle in one weight class.**

Contact Information: Chad Biddle at biddlebarn@live.com OR 419-343-9603

Awards: 1st, 2nd, 3rd, and 4th place Trophies in each weight class

1st, 2nd, and 3rd place Team Trophies

Admission: Adults- \$5.00, Students - \$2.00, Family Pass- \$10.00

Concessions: Hot and Cold Food will be served. NO Coolers.

Name: _____ Club/Team _____

Address: _____ Date of Birth: ____/____/____

Age as of Date of event: _____ Division: _____ Weight: _____ Phone: _____

In consideration of your acceptance of my entry, I and my legal heirs, executors and administrators, do hereby waive and release the Lakota Wrestling Club, Lakota High School, Board of Education, Tournament Committees, staff, officials, and sponsors from any and all claims of right to damage for injuries or losses suffered by me directly or indirectly to or from competing in or attending the said wrestling tournament.

Parent Signature (Required): _____ Date: _____

(Make checks payable to “CAPE”)

Copy of Entry Form at www.ohiotournaments.com
with permission of Lakota Wrestling Club per Chad Biddle