Edwardsville Kids Open 2016

DATE: Saturday, December 17th, 2016
LOCATION: Edwardsville High School (EHS), Rt. 157 & Center Grove Rd.
ENTRY FEE: $20.00 Pre-registered. $25 at the door (make checks payable to EWC).
Coaches may email or fax a roster of wrestlers up to 10:00 p.m. on *Thursday December 15th, 2016* and still be considered pre-registered. If a roster is faxed or emailed, then your Head Coach is responsible for payment for *all wrestlers* on the roster and must bring signed waiver forms for each wrestler in order to weigh in.

WEIGH-IN: ***NO FAXED OR EMAILED WEIGHTS!!*** *(weigh-in @ EHS)*
Friday, December 16th …. ……..……………..6:30 p.m. - 8:30 p.m.
Saturday, December 17th …..…………..........7:00 a.m. - 8:00 a.m. for 10 & Under
7:00 a.m. - 12:00 Noon for 11 - 14

START TIME: Ages 10 & Under…………………....Wrestling to begin at approx. 9:00 a.m.
Ages 11 – 14 ………………………..Wrestling to begin at approx. 1:00 p.m.

AWARDS: Plaque for 1st & 2nd. Custom Medals for 3rd - 6th Place. Bracket board for 1st.
BRACKETS: 8 Man when possible. Every effort made to keep Elite and Beginners separate.
CONCESSIONS: Food & Drink available all day
ADMISSION: $3.00 Adults - $1.00 Children

BLOOD DRIVE: ***Save Lives. Donate Blood.*** All day (9:00 a.m. – 4:00 p.m.) blood drive for Central IL Community Blood Center. Must have drivers license to participate. Donation time = 15 minutes!

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ENTRY FORM: EDWARDSVILLE KIDS OPEN TOURNAMENT

Or register on line at www.edwardsvillewrestling.com

NAME:____ PHONE #_______________
TEAM:____
RECORD: (Last season)_______________RECORD: (This season)_______________
USA CARD #______________________ BIRTHDATE:______________________
AGE GROUP: (circle one) 6 & U 7 & 8 9 & 10 11 & 12 13 & 14

In consideration of your acceptance of this entry, I intend to be legally bound hereby for myself, my heirs, executors and administrators waive and release THE EDWARDSVILLE WRESTLING CLUB, IKWF, THEIR AGENTS, REPRESENTATIVES, COMMITTEES, FROM ANY AND ALL CLAIMS OR RIGHTS TO DAMAGE FOR INJURIES OR LOSSES SUFFERED BY ME DIRECTLY OR INDIRECTLY IN TRAINING OR TRAVELING TO OR FROM OR COMPETING IN, OR ATTENDING The Edwardsville Kids Open.

Guardian's Signature______________________________ Date:_______________

MAIL TO: Edwardsville Wrestling Club
6168 Center Grove Road
Edwardsville, IL 62025

Phone: 618-204-2415 (Pat McNamara)
Email: pmcnama@gmail.com
Fax: 618-692-9482 (before 10:00 p.m.)