



Stillman Valley Holiday Tournament

****IKWF/USA Wrestling Sanctioned Event****

PRE-REGISTRATION ONLY

No walk-ins will be taken at the door

400 Wrestlers Max!

Entries are limited! (First-come first-accepted basis)

Date: Sunday, Dec. 18th, 2016

Weigh- In: 6:45am – 8:00am

(Wrestling starts around 9:00AM or when brackets are finished)

Location: Stillman Valley High School
425 Pine St.,
Stillman Valley, IL 61084

Pre-Registration Fee: \$20 / wrestler

Registration: Each team representative will be forwarded a password to register their wrestlers through TrackWrestling.com. **One team check and all waivers must be postmarked no later than December 10th in order for all reserved spots to be guaranteed.** **Please mail to: Stillman Valley Wrestling Club, c/o David Neeld, 1017 Northwestern, Davis Junction, IL, 61020.**

All openings not paid for after this date will be filled on a first-come, first served basis.

There will be no refunds for no-shows.

PLEASE DO NOT MAIL ANY WAIVERS/PAYMENTS TO THE HIGH SCHOOL.

Rules: All IKWF/IHSA/NFHS rules apply. All wrestlers must weigh-in wearing a singlet. Proof of IKWF registration (and/or USAW card) required – NO EXCEPTIONS!
Body checks will consist of skin, hair and fingernails. No wrestler will be allowed to compete with fake tattoos and /or jewelry. You must have a signed and dated IHSA form in hand for any skin condition. You may be turned away for any infraction, without a refund.

Questions?: Please contact Jacob Crumpacker @ 719-761-2355 or David Neeld @ 815-751-2856

Divisions: Tots (6 & under), Bantam (7-8), Minor (8, 9 & 10), Novice (10, 11 & 12), Senior (12, 13 & 14)

Brackets: Blocked Weight & Round Robin (all matches will consist of 3 – 1 min. periods)

Awards: Team Trophies for 10 & under; 11 & up (entry fee/team \$10 – participation optional)
Individual awards for all.

Concessions: Open all day (No drinks or coolers in the gym)

Admissions: Adults \$4.00; Students HS and below \$2.00, 4 & under free, & **coaches are free**

Please make checks payable to your own wrestling club:

Name: _____ 2016-17 IKWF Age: _____ Date of Birth: _____

Address: _____ City, State, and Zip: _____

Phone#: _____ USA Card#: _____ (required)

DIVISION: Tot Bantam Intermediate Novice Senior Exp. Level: _____ yrs
(Please circle one) (6-under) (7-8) (8, 9 & 10) (10, 11 & 12) (12, 13, & 14) (Experience level does not include this season)

Wrestling Club: _____ **Email:** _____

In consideration of acceptance of this entry, I & my parents/guardians, intending to be legally bound hereby waive and release Stillman Valley Wrestling Club, Stillman Valley High School, Meridian Unit School Dist. #223, their names and agents from any claims or right to damages for injuries or losses suffered by me/them directly or indirectly while traveling to or from, competing or attending this tournament. I also understand that I & my parents/guardians are responsible for our own insurance. The SVWC reserves the right to photograph, and or videotape participants during tournament for promotional purposes. I understand that by signing this form, I consent to the use of these photos in future program advertisements, websites, and other uses related to this program.

Signature of parent or guardian: _____ **Date:** _____