

# DIXON WRESTLING CLUB - TOURNAMENT

## The John Nagy Throwdown!

SUNDAY DECEMBER 12th, 2021 \*\* I.H.S.A. REFEREES\*\*

**Masks are required for all individuals in the school, wrestlers do not need to wear masks while on the mat during their match. DWC kindly asks everyone to do their best to be socially responsible.**

- LOCATION:** DIXON HIGH SCHOOL (Plenty of seating with concession stand)  
LINCOLN STATUE DRIVE DIXON, IL 61021
- DIVISIONS:** All brackets 4 man round robin (criteria for placement)  
Divisions: Tot 6 & Under, Bantam 6,7,8 Intermediate 8, 9,10 Novice 10, 11,12 Senior 12-13 & 14  
1st place 19" Trophies, Medals for 2nd-4th place  
Up to 10 mats / Senior Division -Full mats 3 – 1-minute periods **ALL BRACKETS WILL BE POSTED!!**
- ELGIBILITY:** IKWF / USA Cardholders ONLY-Cards required - 2 coaches per mat / cards must be displayed  
IKWF Club roster provided with the wrestlers names and card #'s  
Any skin condition must have an IHSA medical form with a physician signature  
**\*\*\*LIMIT 500 Wrestlers\*\*\* - No Walk-ins**
- WEIGH INS:** Doors open @ 6:30 – Weigh in 7 - 8:00 A.M. SHARP! - Wrestling begins at approximately 9:00am
- ENTRY:** COMPLETED REGISTRATION FORM, \$20.00 PER WRESTLER PAYABLE TO:  
***Dixon Wrestling Club***  
P.O. Box 202  
Dixon, IL 61021  
(Teams must pre-register. Mail, email @ [dixonwrestling@yahoo.com](mailto:dixonwrestling@yahoo.com) names of wrestlers coming and team IKWF #)  
**\$20.00 Pre-Entry Deadline: December 10th, 2017 – Post marked by 12/1/2021**  
**ALL signed forms due at that time or Emailed team list with ALL info from form below!**  
**Registrations, including teams, will not be refunded for any reason.**
- INFORMATION:** Jay Kemp (815) 631-1877 - [dixonwrestling@yahoo.com](mailto:dixonwrestling@yahoo.com)
- ADMISSION:** \$5 per person 5 & under Free
- FOOD:** Concession stand available and 5-minute drive to breakfast restaurants – No Coolers

-----CUT HERE AND RETURN WITH ENTRY-----

WRESTLER NAME: \_\_\_\_\_ AGE ON 12/31/2021: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CLUB NAME: \_\_\_\_\_ CARD NUMBER: \_\_\_\_\_

# OF YRS. WRESTLING \_\_\_\_\_ STATE QUALIFIER: (PLEASE CIRCLE) YES / NO RECORD \_\_\_\_\_

IN CONSIDERATION OF ACCEPTANCE OF THIS ENTRY: I, INTENDING TO BE LEGALLY BOUND HEREBY WAIVE AND RELEASE THE DIXON WRESTLING CLUB AND DISTRICT #170, THEIR NAMES AND AGENTS FROM ANY AND ALL CLAIMS OR RIGHT TO DAMAGES FOR INJURIES OR LOSSES SUFFERED BY ME DIRECTLY OR INDIRECTLY WHILE TRAVELING TO OR FROM, COMPETING IN OR ATTENDING THIS TOURNAMENT. I ALSO UNDERSTAND THAT I AM RESPONSIBLE FOR MY OWN INSURANCE

\_\_\_\_\_  
(SIGNATURE OF PARENT OR LEGAL GUARDIAN)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINT NAME)