

2018 HEIDELBERG WRESTLING JH/HIGH SCHOOL TAKEDOWN CLINIC AND FALL TAKEDOWN TOURNAMENT

Sunday October 21, 2018

Heidelberg University- Seiberling Gym 310 East Market St. Tiffin, OH 44883

Cost- \$25 pre-registration(payment received before Oct. 20th 6pm) **\$30 walk-in**

Includes takedown clinic and tournament entry (no discounts for attending one or the other)

Takedown Clinic 9-11am

Learn a variety of takedowns and finishes from the Heidelberg coaching staff and wrestlers

Takedown Tournament starting at 12pm

- All wrestlers **must check in by 11am**
- Junior High and High School are two separate divisions
- All brackets will be in a pool format
- Ohio JH and High School Weight Classes (tournament director reserves the right to combine weight classes based on numbers)
- All matches will be on full mats

Rules:

REGULATION RULES:

Four takedown tech fall or who has the most takedowns after two minutes will be declared the winner

OVERTIME RULES:

Untimed period with winner determined by first OT takedown or first pushout.

STALLING:

First call is a warning; all subsequent calls count as takedowns for opponent

ADMISSION: 12 and Over \$5.00

For more information and to mail entries:
James Buss jbuss@heidelberg.edu or 419-448-2605
Make check payable to:
Heidelberg Wrestling
310 East Market St. Tiffin, OH 44883

REGISTRATION:
MAIL PRE-REGISTRATION
\$25.00 POSTMARKED BY October 15th
\$25.00 ONLINE DEADLINE Oct. 20st 6pm
Pay online:
[HTTPS://SECURE.TOUCHNET.NET/C22605_USTORES/WEB/CLASSIC/STORE_MAIN.JSP?STOREID=7](https://secure.touchnet.net/C22605_USTORES/WEB/CLASSIC/STORE_MAIN.JSP?STOREID=7)
WALK-IN – \$30.00 (must weight in between 9:30 and 10:30)

Name _____

Email _____

Phone _____

Division (circle one) Junior High / High School Age _____ Weight _____

I hereby give my permission for my child to participate in the Heidelberg Takedown Wrestling Tournament. I understand that neither Heidelberg University nor any of its agents, employees or tournament personnel is liable for any injury, which my child may incur while participating in this tournament. I accept full liability for any damage, which may have been caused by my child.

PARENTS SIGNATURE: _____ DATE: _____

***** (To be completed at check-in/ weigh-in/ registration.) *****

Actual Weight: _____ Weight Class: _____ Paid: _____