

# Hamilton Township “Stand Your Ground” Open Wrestling Tournament

**SUNDAY, NOVEMBER 5, 2017**

LOCATION: Hamilton Township, High School Gym– 1105 Rathmell Rd, Columbus, Oh 43207

ENTRY FEE: \$15.00 if in by 11/2/2017 \$20.00 at the door **Enter through the east doors**

ADMISSION: \$4.00 Adults \$2.00 Students

WEIGH-INS: Saturday – 11/4/17 (7:00pm – 8:00pm) Sunday – 11/5/17 (7:00am – 8:30am)

WRESTLING: 9:30-10:00 am Start Time or asap after weigh ins and bout sheets are ready

CONCESSIONS: Open all day (no coolers or crock pots)

CONTACT: JOSEPH KIKUME (575)317-3059 – Tournament Director

[jkikume@hlsd.org](mailto:jkikume@hlsd.org)

DIVISIONS: (\$10.00 to wrestle an additional weight class) Bring Birth Certificate in case of a Challenge

All weight classes will be determined after weigh ins

Div-I. 5 and 6                  Div-II. 7 and 8                  Div-III. 9 and 10                  Div-IV. 11 and 12

Div-V. 13 and 14                  Div-VI. 15 - 18 \*must be currently in high school

ALSO    G Div-I Girls 8 & Under    G Div-II Girls 9-12                  G Div-III Girls 13-14                  G Div-IV Girls 15-19

FORMAT: 3 periods, 1 minute each    All starts and restarts from neutral position

Modified high school rules also

The Stand Your Ground rule (Push Out Rule) will be used for Div VI if you are pushed out or leave the mat circle 1 Pt will be awarded to your opponent.

AWARDS: 1st, 2nd, 3rd, 4<sup>th</sup>

**Mail Pre-Registrations:** 3460 Behm Rd Col. Oh 43207

**ENTRY FORM**

**CHECKS PAYABLE TO:** HT Wrestling

In consideration of your acceptance of my entry, I and my legal heirs do hereby waive and release any and all claims for damages I may have against Hamilton Local School District, the Hamilton Little Rangers and its officers and/or tournament officials, sponsors, coaches, administrators and any others connected, for any and all injuries suffered by me in connection with said tournament.

NAME: \_\_\_\_\_ SCHOOL / CLUB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DIVISION: \_\_\_\_\_ G Div \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT CLASS: To be determined

SIGNATURE of

PARENT/GUARDIAN: \_\_\_\_\_