



VAN BUREN BLACK KNIGHTS BIDDY WRESTLING TOURNAMENT

Van Buren High school

217 South Main Street, Van Buren, OH 45889

SUNDAY, JANUARY 20, 2019

Limited to the first 300 wrestlers

Weigh-ins: Email weight in by Parent/Coach

- Email must be received by Thursday, January 17, 2019.
- Payment due at time of check-in.
- Please email wrestlers name, age, and weight to jslauerbeck@vbschools.net
- NO WEIGH-INS ON DAY OF TOURNAMENT.

Wrestling Begins: Approximately at 10:00 am

- Doors open at 8:00 am. ALL wrestlers NEED to be checked in by 9:00 am.
- Wrestlers not checked in by 9:00 am, will be removed from the bracket (no refund).
- If a wrestler is removed, opponent will receive a bye.

Entry Fee: \$20.00 per wrestler (Make checks payable to Van Buren Athletic Boosters)

Eligibility: Age as of January 20, 2019

Bring Birth Certificate in case of challenge

<u>Division</u>	<u>Age</u>	***WEIGHT CLASSES TO BE DETERMINED DAY OF TOURNAMENT***
0	4 & Under	
I	5 & 6 Yrs.	
II	7 & 8 Yrs.	
III	9 & 10 Yrs.	
IV	11 & 12 Yrs. (Can't be enrolled in 7 th Grade)	

Rules: Modified HS Rules, Double Elimination unless in a round robin, Two – 1 ½ minute periods, All periods start on feet, out of bounds calls or lack of activity will start on feet, Sudden Death in OT, 12 point tech fall.

Contact Information: Justin Slauerbeck, jslauerbeck@vbschools.net, (419)299-3254 or (419)704-0100

Awards: 1st, 2nd, 3rd, and 4th place awards in each weight class

Admission: Adults - \$5.00, Students - \$2.00, Family Pass \$10.00 (*Family consists of parents and siblings only)

Concessions: Hot and Cold food will be served. NO COOLERS.



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Name: _____

Address: _____

Date of Birth: _____

Age as of 1/20/19: _____ Division: _____ Weight: _____

In consideration for acceptance of this entry, I hereby waive and release for myself, my heirs, and administrators – all rights and claims for damage against the Van Buren Local Schools Board of Education, The Van Buren Athletic Boosters, Van Buren Wrestling Team, staff, officials, and sponsors of any and all injuries suffered by me directly or indirectly to or from competing in or attending the said wrestling tournament.

Parent(s) Name

Parent's Signature & Date