



# Port Clinton Wrestling Club



## 2<sup>nd</sup> Annual Tomahawk Tournament

**Sunday November 18, 2018**

**Location:** Port Clinton High School – 821 S. Jefferson St, Port Clinton, OH 43452

**Time:** Wrestling starts at 1:00 PM. Pre-register check-in at 11:00 AM

**Entry:** \$25.00 paid at the door

**Checks Payable to:** Port Clinton Wrestling Club

**Questions / Registration:** dcornell20@gmail.com or 419-341-5596

**Weigh-in:** Weigh-in for ALL DIVISIONS is Sunday November 18, 2018 from 10:00 AM – 12:00 PM. You may e-mail weights prior to 8:00 PM Wednesday November 14, 2018 for teams with 10 or more wrestlers. Spot checks will be performed. Coaches will be responsible for paying for all weights e-mailed in.

Division	Age	Weights
0	6 and Under	Actual weight classes will be determined at the tournament
I	7 – 8 Years	
II	9 – 10 Years	
III	11 – 12 Years	

\*Birth certificate must be presented if challenged

**Rules:** Three 1 ½ minute periods – Neutral, Top, Bottom – 12 Point tech fall. Sudden death O.T. Double elimination or round robin will be determined based on numbers. Certified Wrestling Officials.

**Dress:** Shorts and T-Shirt – Singlet preferred

**Awards:** 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> place

**Gate Admission:** Adults: \$5.00 Students: \$4.00 Family: \$10.00

Concessions stand open all day (No coolers in the gymnasium)

-----PLEASE PRINT-----

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of 11/18/18) \_\_\_\_\_

In consideration for acceptance of this entry for the Port Clinton Tomahawk Wrestling Tournament, November 18, 2018, I hereby wave and release for myself, my heirs, and administrators, all rights and claims for damage against the Port Clinton School Board of Education, the Port Clinton Wrestling Club, the Port Clinton Wrestling Team, sponsors, committees, and officials from any and all injuries suffered by me directly, or indirectly, at this tournament.

Wrestler Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*This entry form will not be accepted unless all signatures are present!