

# DIXON WRESTLING CLUB TOURNAMENT

**SUNDAY DECEMBER 9th, 2018**

**\*\* I.H.S.A. REFEREES\*\***

[www.dixonwrestlingclub.com](http://www.dixonwrestlingclub.com)

**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: 5 & Under, 6 & 7, 8 & 9, 10 & 11, 12-13 & 14  
1st place Trophies, Custom 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\*\*\***

**WEIGH INS:** Doors open at 6:45 – Weigh in 7:00 A.M. – 8:00 A.M. SHARP!  
Wrestling begins at 9:00am or when brackets are complete

**ENTRY: COMPLETED REGISTRATION FORM, USA WEIGH-IN CARD, \$20.00 PAYABLE TO:**  
***Dixon Wrestling Club***  
**P.O. Box 220**  
**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 1, 2017 – ALL signed forms due at that time!!!**  
**At the Door: \$25.00 (Late Registration or Walk-ins will be handled on a first come first serve basis)**  
**Registrations, including teams, will not be refunded for any reason.**

**INFORMATION:** Chris Sotelo (815)-440-6862

**ADMISSION:** \$3.00 Adult \$2.00 Children 5 & under Free

**FOOD:** Concession stand available and 5-minute drive to breakfast restaurants

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

WRESTLER'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ 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

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(SIGNATURE OF PARENT OR LEGAL GUARDIAN)

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(DATE)

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(PRINT NAME)