

General Information For Nevada Kickoff Classic

When: November 4th (Folkstyle 1-1-1 minute rounds).

Where: Damonte Ranch High School, Reno Nv

Weigh Ins: Fax or email weights by Friday Nov 3rd, 4pm. Your athlete must weigh in between 2:30 and 3:30 pm on Friday Nov 3rd. You must provide the Athletic Administrators name and phone number who weighs your athlete in on the fax or email.

Brackets: Brackets will be pooled or lined depending upon size of bracket. Weights will be determined upon entry's. We reserve the right to combine, eliminate, pool, line, or reclassify weights to insure matches. Most likely no more than 10 weights per division.

Miscellaneous: You must have waiver to compete. \$30 Entry, includes your AAU card. \$15 entry if you have an AAU card. Division 5-8 & 9-12. Wrestling starts at 9am.

***CHECK PAYABLE TO DAMONTE RANCH WRESTLING**

Athlete Name _____ Year In School _____

Address _____

PHONE _____

WAIVER

I VERIFY THAT MY SON HAS BEEN CHECKED BY A LICENSED PHYSICIAN, AND HE IS PHYSICALLY ABLE TO PARTICIPATE IN THE NEVADA PRE SEASON CLASSIC. I HEREBY AUTHORIZE THE DIRECTORS OF THE NEVADA PRE SEASON WRESTLING TOURNAMENT TO ACT FOR ME ACCORDING TO THEIR BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION, AND I HEREBY WAIVE AND RELEASE THE TOURNAMENT DIRECTORS FROM ANY AND ALL LIABILITY FOR ANY INJURIES WHILE WRESTLING AT THE NEVADA PRE SEASON KICK OFF WRESTLING TOURNAMENT

THE WRESTLER, IN ATTENDING THE NEVADA PRE SEASON WRESTLING CLASSIC, HE DOES SO AT HIS OWN RISK. THE OWNER OF THE TOURNAMENT FACILITY AND NEVADA PRE SEASON KICK OFF WRESTLING STAFF SHALL NOT BE LIABLE FOR ANY DAMAGES ARISING FROM PERSONAL INJURY SUSTAINED BY THE WRESTLER DURING THE TOURNAMENT. THE WRESTLERS AND HIS PARENTS ASSUME RESPONSIBILITY FOR ANY INJURIES WHICH MAY OCCUR TO THE WRESTLER DURING TOURNAMENT SESSIONS AND SO HEREBY FULLY AND FOREVER EXONERATE AND DISCHARGE THE OWNER OF THE TOURNAMENT FACILITY, STAFF, EMPLOYEES, AND AGENTS FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT AND FUTURE, WHETHER THE SAME BE ANTICIPATED OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF THE WRESTLERS PARTICIPATION IN THE TOURNAMENT.

PARENT NAME (PRINT) _____

PARENT SIGNATURE _____ DATE _____

INSURANCE INFORMATION (PERSONAL INSURANCE) In addition you will be covered by AAU.

PERSONAL INSURANCE CARRIER _____

POLICY NUMBER _____

POLICY HOLDER _____

INSURANCE ADDRESS _____

DIVISIONS

CHECK ONLY ONE!

*NOVICE _____ (5-6-7-8 GRADERS CAN ONLY WRESTLE THIS DIVISION).

*VARSITY _____ (9-10-11-12 Graders)

ESTIMATED WEIGHT _____

DEADLINE

ENTRY FEE, SIGN UP FORMS, AND RELEASE MUST BE MAILED TO KEVIN CARTER, 10500 RIO WRANGLER PARKWAY, RENO NEVADA, 89523 BY OCTOBER 28TH. FAXED, OR EMAILED WEIGHTS BY 4 PM ON NOV 3rd.

Questions call Kevin Carter 775-250-7216, EMAIL- kbcarter@washoe.k12.nv.us