

Brighton Wrestling



December 19th, 2009

Folkstyle Wrestling Tournament

1. This tournament is for elementary, middle school and high school novice wrestlers

2. There will be Four Divisions:

- A. **BEGINNER (K-9):** First year wrestlers will be put into groups of three in their weight divisions and will wrestle a Round Robin Bracket. All three wrestlers will receive a medal.
- B. **INTERMEDIATE (K-9):** One to two years experienced. Wrestlers will be put into groups of five. Top three wrestlers will receive medals.
- C. **ADVANCED (K-9):** Three + years of experience. Five man bracket, three wrestlers will medal.
- D. **HIGH SCHOOL NOVICE:** First Year who are not regular varsity or JV wrestlers. Wrestlers will be put into three men Round Robin Brackets. All three wrestlers will medal. *Ninth graders who will wrestle on high school teams must wrestle in the high school novice division.*
- E. WEIGHTS FOR ALL DIVISIONS:
35, 40, 45, 50, 55, 60, 65, 70, 73, 76, 80, 83, 86, 90, 93, 96, 100, 104, 108, 120, 112, 116, 120, 124, 128, 132, 138, 145, 155, 170, 190, 210, 250, 250+
- F. GRADE DIVISIONS:
PRE-1ST, 2ND-3RD, 4TH-5TH, 6TH, 7TH-8th, 9TH, HIGH SCHOOL NOVICE

3. Some weights may be combined if there are not enough wrestlers to fill a bracket.

4. Weigh-in is December 18th 6:30 to 8:00 pm in the Brighton High Wrestling Room. There will be no weigh-ins the day of the meet. Teams may weigh-in at their own schools or clubs if they have another team weighing-in with them. Both coaches must sign the fax that the weights are correct; you can have an administrator or other school official sign the fax.

5. Teams must FAX or E-mail their team list with weigh-in verification by 8:15 pm, December 18. Paring should be completed by 10:00 pm.

Send to: Brighton fax 801-256-5285, Or e-mail to: chadflook@canyonsdistrict.org.

7. Entry Fee is \$10 per wrestler. There will be no seating on the main floor. Each team will be issued two coaches' floor passes. K/1st grade one parent pass per wrestler. Additional passes will cost \$10.

8. All wrestlers must submit a liability form signed by a parent or guardian

9. Beginners and Intermediate wrestlers will start at 9:00 am. Advanced and High School Novice will begin at 11:00am

Contact information: Don Neff 801-209-5406, Dave Chavis 801-230-6693

**South Valley Folkstyle Wrestling Tournament
Brighton High School – December 19, 2009**

Name of
Wrestler _____ Age _____
(Please print)
Years of Experience _____ Year in
School _____

Circle Division Beginner Intermediate Advanced High School Novice

School Affiliation _____ Weight
Division _____

Address _____ Phone _____

In case of emergency, please notify:

Phone _____

Parent Statement of Agreement, Assumption of Risk, Liability and Indemnification

1. **Release and Indemnification**-I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself/and or my child. In consideration of my child being permitted to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County, Brighton Wrestling, Brighton High School, and its officers and employees and volunteers from any and all suits, claims, or liability, including negligence, based on any injury except that cause solely by the willful misconduct of Salt Lake County Parks and Recreation, Brighton Wrestling, or Brighton High School. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from child's participation.

2. **Emergency Treatment**-I hereby authorize Salt Lake County Parks and Recreation, Brighton Wrestling, or Brighton High School Staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

3. by signing this assumption of risk, liability release and indemnification statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Signature (Parent or legal Guardian)

Date