

BATTLE ON THE WAPSIE



K-6 DUAL TOURNAMENT

Sunday, February 10, 2019

Wapsie Valley High School

Time TBA - \$300 PER TEAM

ATHLETIC LIABILITY RELEASE (MUST BE SIGNED AND RETURNED AT WEIGH-INS)

I certify that all information provided is correct and the wrestlers have my permission to compete in the Battle of the Wapsie Dual Tournament. **I certify that each participant is a student of the school they are representing today. Each team may have 2 wrestlers who are NOT from the school but must still be a paid and active member of the wrestling club they are representing today.** I hereby, for myself and members of my team, waive and release any and all rights and claims for damages myself or members of my team have against the WWC, Wapsie Valley Mat Pac, Wapsie Valley Athletic Boosters, WWC Coaches and Volunteers and/or the Wapsie Valley Community School District, their agents and representatives.

COACH SIGNATURE _____ DATE _____

PRESIDENT or SECRETARY SIGNATURE (of Wrestling Club) _____ DATE _____

COACHES: PLEASE COMPLETE AND RETURN ROSTER NO LATER THAN **NOON ON TUESDAY, FEB. 5th**

EMAIL TO WVWRESTLINGCLUB@GMAIL.COM and RCOX@WAPSIEPINES.COM

Contact: Rhino Cox (319) 784-7834

- No more than 3 wrestlers per weight with a total of 20

Weight	Wrestlers	Grades
45		
50		
55		
60		
65		
70		
75		
80		
85		
90		
97		
106		
118		
135		
HWT		