FCLMC Wolves Wrestling
Youth Wrestling Tournament
Friday, February 15, 2019

Place: Fillmore Central High School Gymnasium, Harmony, Minnesota

Time: Weigh-ins will be 4:00-5:00pm.
Wrestling will begin approximately 6:00pm.

Entry Fee: $15.00 registration. Walk-Ins Welcome! Pre-registrations preferred.
NO REFUNDS!!

Eligibility: Pre-K-6th Grade - Include ranking: Non-Competitive, Beginner, Average, Good, Excellent

Brackets: Wrestlers will be paired according to age and weight on day of the tournament to the best of our ability. Four man round robin brackets will be used. Trophies or T-shirts will be awarded to 1st Place wrestlers (wrestler's choice). All other wrestlers will receive medals.

Rules: Minnesota State High School League rules will apply. Three-one minute periods.
Overtime: First points scored wins.

Deadline: Mailed Registration forms must be received by **Feb. 13th** and be accompanied by the fee.
Make checks payable to: Fillmore Central Booster Club
Mail to: Fillmore Central Elementary
Attn: Jason Hovey
702 Chatfield Ave
Preston, MN 55965 Questions-(608)518-1436

Admission: Adults $3.00
Students $1.00
** Mat side wristbands are available for $2 each and ***will be required*** to be mat side
Concessions: Available throughout the tournament.

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Name:_____ Age:_____ Weight:_____ Rank: _____

Grade:_____ Wrestling Club:_____

Address:_____

Phone Number: Home_____ Cell_____

I give permission for the above named student to participate in the FCLMC Wolves wrestling tournament. I accept full responsibility for his/her behavior during his/her participation. Obedience and good sportsmanship will be displayed throughout the tournament. I agree not to hold the FCLMC Wolves Wrestling Club, the FCLMC Wrestling Booster Club, or the Fillmore Central Public School District and its property responsible for injury or accident to my child. I understand the FCLMC Wolves Wrestling Club does not carry medical and/or accident insurance to cover my child and further state that I have adequate health/medical and accident insurance to cover any injury/illness incurred during or traveling to and from this tournament.

Parent Signature:_____ Date:_____

Parent Printed Name:_____