

KASSON-MANTORVILLE KOMET KLASH YOUTH WRESTLING OPEN TOURNAMENT

Sunday - January 28, 2024

Location:

Kasson-Mantorville
High School
101 16th Street NE
Kasson, MN
(Use Main doors on East side
of the school)

PreK-K	1st-2nd Grade	3rd-4th Grade	5th-6th Grade
4-person Round Robin	4-person Round Robin	4-person Round Robin	4-6 person Round Robin
3-1 minute Periods	3-1 minute Periods	3-1 minute Periods	3-1.5 minute Periods

Weigh-Ins:

8:00am—9:30am

Wrestling Starts:

10:00am (approximately)

Entry:

\$15/wrestler (Cash only)

Admission:

\$5-adult/student (5 and under free)
(Cash only)

DETAILS:

High School Folkstyle Rules/Scoring
Will try to bracket based on Grade, Weight and Experience, when able (ie: First year wrestlers)
5th & 6th Grade FULL mats
Medals for 1st – 4th Place
Concessions available

Questions?
kmkometwrestling@gmail.com



Name: _____

Grade: _____ First year Wrestler: Yes: _____ No: _____

Club: _____

I certify the above information is correct and waive all claims for damage or injury incurred during this tournament. No action shall be taken against Kasson-Mantorville Wrestling Club, Kasson-Mantorville Public Schools, or any member affiliated with this tournament.

Signature of Parent/Guardian: _____ Phone: _____

Name: _____

Grade: _____ First year Wrestler: Yes: _____ No: _____

Club: _____

I certify the above information is correct and waive all claims for damage or injury incurred during this tournament. No action shall be taken against Kasson-Mantorville Wrestling Club, Kasson-Mantorville Public Schools, or any member affiliated with this tournament.

Signature of Parent/Guardian: _____ Phone: _____

Wrestler: _____

Grade: _____

Parent Cell: _____

School/Club: _____

_____ has my permission to participate in the Kasson-Mantorville Komets Swalla Memorial Youth Wrestling Open on Sunday, January 28, 2024. I accept all responsibility for his/her behavior. I certify the above information is correct. I waive all claims for damage or injury incurred during this tournament.

(Parent/Guardian Signature)

Wrestler: _____

Grade: _____

Parent Cell: _____

School/Club: _____

_____ has my permission to participate in the Kasson-Mantorville Komets Swalla Memorial Youth Wrestling Open on Sunday, January 28, 2024. I accept all responsibility for his/her behavior. I certify the above information is correct. I waive all claims for damage or injury incurred during this tournament.

(Parent/Guardian Signature)