



Stillman Valley Dual Meet

****This is not a USA Wrestling or IKWF Sanctioned Event****

Date: Friday, Jan. 13th, 2012

Body Checks: 5:00-5:15 PM

Wrestling will begin approximately 5:30 PM

Weigh- In: Honor system. Weights to be determined last night of practice, prior to the meet.

Location: Stillman Valley High School
425 Pine St.,
Stillman Valley, IL 61084

Registration Fee: \$5 / wrestler

Registration: **One team check and all waivers must be submitted on the date of event, prior to start time.**
PLEASE DO NOT MAIL ANY WAIVERS/PAYMENTS TO THE HIGH SCHOOL.

Rules: All IKWF/IHSA rules apply. All wrestlers must weigh-in wearing a singlet. Proof of IKWF registration (and/or USAW card) required – NO EXCEPTIONS!
Body checks will consist of skin, hair and fingernails. No wrestler will be allowed to compete with fake tattoos and /or jewelry. You must have a signed and dated IHSA form in hand for any skin condition. You may be turned away for any infraction, without a refund.

Divisions: Tots (6 & under), Bantam (7-8), Minor (8, 9 & 10), Novice (10, 11 & 12), Senior (12, 13 & 14)

Matches: Matches will be pre-determined based on weights and experience level submitted by each club. (All matches will consist of 1-1.5-1.5 min. periods, unless specified otherwise)

Concessions: There will be no concessions during this event.

Admissions: Adults \$1.00; 16 & under free, & **coaches are free**

Please make checks payable to your own wrestling club:

Name: _____ 2011-12 IKWF Age: ____ Date of Birth: _____

Address: _____ City, State, and Zip: _____

Phone#: _____

DIVISION: Tot Bantam Intermediate Novice Senior Exp. Level: _____ yrs
(Please circle one) (6-under) (7-8) (8, 9 & 10) (10, 11 & 12) (12, 13, & 14) (Experience level does not include this season)

In consideration of acceptance of this entry, I & my parents/guardians, intending to be legally bound hereby waive and release Stillman Valley Wrestling Club, Stillman Valley High School, Meridian Unit School Dist. #223, their names and agents from any claims or right to damages for injuries or losses suffered by me/them directly or indirectly while traveling to or from, competing or attending this tournament. I also understand that I & my parents/guardians are responsible for our own insurance. The SVWC reserves the right to photograph, and or videotape participants during tournament for promotional purposes. I understand that by signing this form, I consent to the use of these photos in future program advertisements, websites, and other uses related to this program.

Signature of parent or guardian: _____ Date: _____