

12TH ANNUAL CARROLL COUNTY OPEN WRESTLING TOURNAMENT (FOLKSTYLE)

Date: Saturday, October 4, 2014

Location: Carroll County High School, 100 Cavs Lane, Hillsville, Virginia 24343

Cost: \$20.00 per wrestler if pre-registered by Friday, October 3rd at 7:00 PM, \$30.00 at the door. If you are faxing your pre-registration, you may pay at the door and receive the pre-registration price. Make checks payable to: *Carroll County Wrestling*

Format: H.S. Division will be Double Elimination; other divisions will be Round Robin

Divisions: Pee Wee (K-1st), Amateur (2nd-3rd), Elementary (4th-5th), Middle School (6th-8th), High School (9th-12th), and Open (Age 18+).

Weight Classes: H.S. Weight Classes (Scratch + 4 lbs.); other divisions will be formed after weigh-ins

Satellite weigh-ins available and should be sent to coachjayruff@yahoo.com before 7:00PM Friday, October 3rd.

Weigh-In/Check-In For All Divisions K-8: Saturday 7:00-8:30 AM

Wrestling for All Divisions K-8 Start at 9:30 AM.

Weigh-in/Check-In for High School Division: Saturday 10:00-11:30 AM

Wrestling for High School Division Starts at 12:30 PM.

Time Periods: K-8 (1-1-1) H.S. (2-1-1)
-Medals given to top 3 in each weight class.

*Concessions will be available for breakfast and lunch. **PLEASE, NO FOOD OR DRINKS IN THE GYMNASIUM.***

For more information contact Jay Ruff at 276-266-5543/coachjayruff@yahoo.com

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Tournament Entry Form

(Please Print)

Name: _____ Division (circle one): PW AM EL MS HS Open

Address: _____

City: _____ State: _____ Zip: _____

School/Organization: _____ Weight: _____ Grade: _____

Email address: _____

If participant is a minor:

I request that my child be admitted to the Carroll County Open Wrestling Tournament. I hereby agree to release, discharge, and hold harmless Carroll County Excel Wrestling Club, Carroll County High School, Carroll County Public Schools and their agents from all liabilities and damage claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minors attendance at the Carroll County Open Wrestling Tournament.

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____

If participant is NOT a minor:

I hereby agree to release, discharge, and hold harmless Carroll County Excel Wrestling Club, Carroll County High School, Carroll County Public Schools and their agents from all liabilities and damage claims or demands whatsoever on account of any injury or accident arising out of my attendance at the Carroll County Open Wrestling Tournament.

Participant's Signature: _____

Please return this completed and signed Tournament Entry Form by mail to: Coach Ruff, 100 Cavs Lane, Hillsville, VA 24343. You may also return it by fax to 276-730-9932. If you provided an email address and have not received a confirmation of receipt of your form by 10/3/14 at 7:00 P.M., please contact Coach Ruff.

OFFICE USE ONLY PAID: _____ (Initial) AMOUNT: \$ _____ DATE: _____

ATTN: COACH RUFF