

# ***Mark your Calendar for Sunday, January 7, 2018!!!!***



***KENOSHA GIRLS  
TOURNAMENT***



***BADGER STATE***



***WRESTLING***

**\*\*\*\*\*USA Card required\*\*\*\*\***

**Sunday, January 7, 2018**

**WEIGH-INS: 7:00am to 9:00am**

Mary D. Bradford High School  
3700 Washington Rd.

Kenosha, WI 53144

Main Telephone: (262) 359-6200

Fax: (262) 359-5948

Kenosha Girls Wrestling Coach Jerril Grover: 4106-32ndAve Kenosha, WI 53144..... (262) 657-5046

**Registration Fee: \$25.00 if Postmarked before Tuesday, January 2, 2018**

**Registration Fee at the door: \$30.00 at the door**

**Spectator Fee: (Including Coaches): \$5.00**

## **Divisions /Periods:**

Elementary Grades K-5 periods 1/1/1

Middle School Grades 6-8 periods 1.5/1.5/1.5

High school Grades 9-12 periods 2/2/2

**Weight Classes: Wrestlers will be grouped in brackets by WEIGHT and EXPERIENCE**

**Awards: Every wrestler will receive a medal. The champion will receive a wall chart.**

## **Rules:**

**Folkstyle High School Rules and Guidelines (Hairnets optional for all, headgear optional for high school girls division).**

**Concessions will be available.**



**Send Fee and Registration Form to: Coach Jerril Grover 4106-32ndAve Kenosha, WI 53144**

**Make checks payable to – “Kenosha Girls Wrestling”**

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**Parent(s) Email Address:**

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**School** \_\_\_\_\_ **El. MS. HS.**

**Age:** \_\_\_\_\_

**USA Card No.** \_\_\_\_\_

**out) \_\_\_\_\_ lbs**

**Weight (Do not fill**

**Address:** \_\_\_\_\_

\_\_\_\_\_

**City** \_\_\_\_\_,

**State** \_\_\_\_\_, **Zip** \_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ **Experience:** low medium

**high**

**In consideration of acceptance in the Wisconsin Girls State Wrestling Tournament, I my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and members from any and all claims, rights and damages for injuries while competing in this program. I also give my authorization for emergency treatment.**

\_\_\_\_\_ has  
my permission to participate in the Wisconsin Girls Badger State Wrestling Tournament.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send Fee and Registration Form to: Coach Jerril Grover 4106-32ndAve Kenosha, WI 53144**

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