

Limited to 350 Wrestlers



**Dodgeland Youth Wrestling Tournament  
FOLKSTYLE TOURNAMENT  
February 11, 2018**

**Dodgeland High School**  
401 S. Western Ave. Juneau, WI 53039

**Entry:** Pre-registration ONLY at [www.trackwrestling.com](http://www.trackwrestling.com) or <http://bit.ly/feb11tourn>  
Fee \$20.00 when you register and pay online.  
Fee is \$25 if not pre-paid for the tournament. No walk-ins.

Registration Closes 2/10/18 at 5:00pm OR earlier if capacity is reached.  
If registering online, but paying at the door, please make checks payable to Dodgeland Youth Wrestling Club. If you are paying by check or cash on the day of the tournament the fee is \$25.

Wrestlers must weigh-in for weight check on tournament day from 7:00AM – 8:30AM. If you do not weigh-in you will forfeit your chance to wrestle. **No exceptions. No Refunds.** Please arrive as early as possible! The earlier everyone arrives and weighs in the sooner we can get the tournament going.

WRESTLING WILL START between 9:30am and 10:00am and will continue until all rounds are completed.

Admission for non-wrestlers: \$1.00 or canned food item donation. Proceeds will go to  
The Gathering Source food bank.

USA cards NOT required.

**Tournament Details:**

**4 Man Round Robin**

“No predefined weight classes. Brackets will be built on a 10% weight difference to make 4 man brackets by age group.

State Bracketing:

Three 1 minute rounds for: 2005-2006, 2007-2008, 2009-2010, 2011-2013

Three 90 second periods for: 2003-2004 (No High Schoolers)

**\*WIAA refs for older brackets\***

T-Shirt & Medal for 1st Place - Medals for 2nd – 4th places

\*Team Trophies for Top Three Team Scores - \$15/Team to be paid at the tournament.

Registration Questions: Craig Johnson at 920-344-5642

Tournament Contact: Mike Neu at 920-382-4173

**Please bring copy of signed waiver to check-ins on day of tournament (Waiver below). Waiver will also be available on-site day of tournament.**

**WAIVER OF RELEASE**

In consideration of my child's acceptance into Dodgeland's Youth Wrestling Tournament, I, my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and member from any and all claims or rights to damages for injuries while competing in or traveling to or from this tournament. I also give my permission for emergency medical treatment.

WRESTLER NAME \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_