



2021 TREYNOR WRESTLING BOOSTER CLUB TOURNAMENT

SUNDAY DECEMBER 5th, 2021 - Treynor High School - Treynor, IA.

Weigh-Ins: Sunday December 5th: 7:30-8:30 AM. TEAM WEIGH-INS ACCEPTED In Data Format, DUE 12/3/21

Check-in: Sunday December 5th: 8:00-8:45 AM. ALL WRESTLERS MUST CHECK IN UPON ARRIVAL.

Wrestling Starts: 10:00 AM SHARP!

Awards: Trophies to first place wrestlers and medals for 2nd-4th. We will have **Two awards stations** to expedite departure

Format: Four man round robin.

Coaches: Two coaches per wrestler per mat! NO EXCEPTIONS. Sportsmanship is expected.

Admission: Adults \$5.00 Students \$2.00 Children under 5 FREE. Coaches with a coach card admitted free. All others pay the adult admission.

Food: There will be a full concession stand available all day starting with a hot breakfast. NO COOLERS!

Divisions: Mini Pee- Wee (Pre K-K) Pee-Wee(1st/ 2nd) Bantam(3rd/4th) Junior (5th/6th) Senior(7th & 8th) Any 6th Grader who is 14 must compete in the Senior Division. Any 8th Grader who is 16 years old is ineligible to compete. IHSAA Rules will apply to wrestling, with the exception of headgear and final decision criteria. Matches for Mini Pee Wee, Pee Wee, Bantam, & Junior will be 3, one minute periods. Senior will be 2-1-1. No ties, sudden victory for overtime.

There will be 2 gyms and 4 mats (some of which will be divided) available to wrestlers. Limited to first 500 wrestlers.

WALK INS NOT ACCEPTED.

Entry Fee: \$20

Registration: Register and pay ONLINE ONLY with TrackWrestling. Entries close at 5:00 p.m. 12/4/21.

Click on link below:

http://www.trackwrestling.com/registration/TW_Register.jsp?tournamentGroupId=196741132

For tournament questions and team weigh-ins contact Steve Gregory at 402-707-8298 or apin4u@msn.com

For registration and Trackwrestling questions contact Joe Grant at yoda.mon1@gmail.com

THE FOLLOWING WAIVER MUST BE ACCEPTED DURING ONLINE REGISTRATION :

I certify that _____ was born on the date stated above and has my permission to compete in the Treynor Youth Tournament. I hereby accept full responsibility for his/her behavior, participation, and insurance coverage. I hereby release all claims of loss and damages I may have against the Treynor Youth Wrestling or Treynor Community School District. If my child needs medical attention, it is my wish that the treatment begins while efforts are made to contact me. I hereby consent to any medical procedures that the physician believes needed, on the understanding that efforts will continue to be made to contact me.

Parent /Guardian signature _____ Date_____