***Lincoln Youth Wrestling Tournament***

***Friday, December 21, 2018***

**

**LOCATION:** Lincoln High School 2900 S. Cliff Ave, Sioux Falls, SD 57105

**WEIGH-INS:** 4:00-5:30pm. Wrestling will begin soon after.

**DIVISIONS:** **PreK-K**

 **1st – 2nd Grade**

**3rd – 4th Grade**

**5th – 6th Grade**

**PreK/K will run first. Girls will wrestle girls.**

**4 OR 5 MAN ROUND ROBIN – THREE (3) – 1:30 PERIODS – High School Rules**

**AWARDS WILL BE GIVEN FOR ALL PLACES**. *CHAMPIONS WILL RECEIVE A* ***Trophy,*** *all others will receive Medals*

**ENTRY FEES:**  **Wrestlers $10:00 at the door. Adults $5.00 Students $3.00 Coaches band: $5.00**

Concessions will be served throughout the tournament

**\*\*\*\*\*NO COOLERS\*\*\*\*\***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ENTRY FORM – RETURN THIS PORTION WITH ENTRY FEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_\_

Town/Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPERIENCE (Circle One): BEGINNER AVERAGE GOOD**

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is in the \_\_\_\_\_\_\_\_\_\_ grade and has my permission to compete in the Lincoln Youth Wrestling Tournament. I hereby accept full responsibility for his/her behavior and participation. I agree to not hold the Sioux Falls School District / Lincoln Youth Wrestling or its members or agents responsible for injury or accident to my child or for lost items. Parents of wrestlers are responsible for providing insurance for the wrestler listed above.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Tournament Directors**

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