

20th ANNUAL FALLSTON TAKEDOWN TOURNAMENT

Fallston



Takedown
Tournament



Sunday Dec. 7, 2014 at Fallston High School
2301 Carrs Mill Road Fallston, MD 21047

All novice and experienced wrestlers are invited to attend this fun, challenging tournament. Wrestlers are grouped according to age, experience and weight. Awards are given to all participants. Madison system, round robin brackets, 6 modified mats, and a minimum of 2 matches per wrestler. Matches consist of 2 one minute periods.

Registration Deadline - Dec. 4th

Fees

\$15 per wrestler;

Novice wrestlers can also compete in
Open Session for an additional \$12

Admission: \$3 for spectators 12+

Concessions all day!

For detailed information contact:

Jim Bachmann at 443.386.6497

SNOW DATE—Dec. 14

SCHEDULE

| Experience Level/Age | Sunday Weigh-In | Latest Start |
|---|-------------------------------|--------------------------|
| Novice (1 st or 2 nd yr.) 8 and under | 7:30—8:30 am | 9:30 am |
| Novice (1 st or 2 nd yr.) 9 & up | 11:45—12:45 am | 1:00 pm |
| Open Elementary - 10 and under Middle School - 11—14 yrs. | Both brackets 2:15—3:15 pm | Both brackets 3:30 pm |

Detach and send with Entry Fee (checks made payable to Fallston Wrestling). Field is limited to the first 400 wrestlers!

Phone, Mail, Fax or E-mail

Jim Bachmann

Phone: 443.386.6497

Application for receipt by 12/04/14 to: 2060 Watervale Rd. Fallston, MD 21047

Fax: 410.877.9432

Email: jandkbachmann@comcast.net

Print Legibly—Must have all information to register!

Name of Wrestler _____

Telephone _____

Age on Tournament Day _____

Address _____

Wrestling Team or Club _____

Select the bracket (s) you wish to compete in: **Novice <9** **Novice 9+** **Open**

PARENT'S WAIVER: I, the undersigned parent, certify that my child, named above, has my permission to participate in the games and related activities of the Fallston Recreation Council & Fallston Takedown tournament. I acknowledge and understand that wrestling is a dangerous sport and that there is a possibility of injury to my child. In consideration for my child's participation in the sport of wrestling, I hereby release, acquit and forever discharge, indemnify, and hold harmless from any and all claims, demands, actions or causes of action for liability for damages arising out of, or in any way related to my child's participation in this wrestling tournament, Fallston Recreation Council, Inc. or Harford County MD, a body corporate and politic of the state of Maryland responsible for injuries received while participating in the above noted program. **NOTICE:** The Fallston Recreation Council does not supply any form of medical coverage. Insurance is the responsibility of the participating teams.

Parent Signature and Date _____