

# Midland Little Eagles Wrestling Classic

Saturday November 7th 2015

(Make-up date Sunday November 8th 2015)

## NO WALK INS / MUST BE WITH-IN 3 LBS OF REGISTERED WEIGHT. PRE-BRACKETED

Location: Midland High School- 109 W. Green St. Wyoming, IA

Weigh-Ins: 7:00-8:00 AM

Wrestling Starts: 9:00 AM

Awards: Trophies to Pee-Wee, Medals to others, T-shirt & Medal to First Place.

Format: Four man round robin. Each wrestler will wrestle at least twice.

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

Admission: Adults \$4.00 Students \$1.00

Food: There will be a food stand available all day. **NO COOLERS ALLOWED!**

<b>Divisions:</b>	<b>Pee-Wee</b>	<b>Bantam</b>	<b>Novice</b>	<b>Junior</b>	<b>Senior</b>
	Pre K-K	1st & 2nd	3rd & 4th	5th & 6th	7th & 8 <sup>th</sup>

**THIS IS PRE-BRACKETED / NO WALK-INS.** There will be five divisions. Any 6<sup>th</sup> Grader who is 14 must compete in the Senior Division. Any 8<sup>th</sup> 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.

**Entry Fee: \$15 Postmarked by November 2nd, 2015 Limited to first 350 wrestlers!**

**MAKE CHECKS PAYABLE TO:** Little Eagles Wrestling Club **No Refunds.**

**Mail To:** Little Eagles Wrestling Club

PO Box 355

Wyoming, IA 52362

**For Info:** Casey Huston 319-480-4763 e-mail [clhuston96@gmail.com](mailto:clhuston96@gmail.com)

Teams: We will have team competition. Cost per team is \$10. Sign up your 5 man team Saturday morning. No more than 2 wrestlers from any one division.

Insurance: **Know your insurance company. We are not responsible for insurance.**

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### PLEASE PRINT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ CLUB : \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ Last Year's: WINS: \_\_\_\_\_ LOSSES: \_\_\_\_\_

I certify that \_\_\_\_\_ was born on the date stated above and has my permission to compete in the East Central Iowa Little Eagles Classic. 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 Little Eagles Wrestling Club or Midland 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 or Guardian signature

\_\_\_\_\_  
Date

All blanks must be filled in and accompanied with payment to be accepted by the Little Eagles Wrestling Club.