

CASSELTON CRUSHER

INDIVIDUAL

ELEMENTARY WRESTLING TOURNAMENT



NAME (of wrestler)

PARENT/ GUARDIAN(S)

CITY _____ ST _____ ZIP _____

SCHOOL/CLUB _____

DATE OF BIRTH _____ GRADE _____

SKILL LEVEL:

ADVANCED INTERMEDIATE BEGINNER

The undersigned assumes all risks and hazards arising out of the participation and activities of the wrestling club and releases from liability all coaches and supervisors and venue sites of the program.

(Parent or guardian only.)

Print Name

Signature

_____ DATE _____

OFFICIAL USE

PAID \$ Y N

SATURDAY WEIGH IN

WEIGHT : _____

FRIDAY MARCH 3, 2017

WEIGH-IN 4:00 TO 5:30

WRESTLING STARTS @ 6:00

CENTRAL CASS SCHOOL

4 MAN ROUND ROBIN (as much as possible)

\$10.00 per WRESTLER

\$5.00 ADULTS

\$4.00 STUDENTS

CONCESSIONS WILL BE AVAILABLE

Any questions feel free to contact me.

Travis Lemar: 701-730-2381 or Travis.Lemar@k12.nd.us