



Byron Tiger Wrestling Open

Open Folkstyle Tournament – April 4, 2009



Location: Byron High School, Colfax/Tower Rd., Byron, IL 61010 (12 miles south of Rockford)

- Divisions:** *Every effort will be made to bracket in 4 man round robin format. Medals given to all.
- Grades K & Under** 3 – 1 min. periods – No pins. Tech falls will be awarded.
 - Grades 1 & 2** 3 – 1 min. periods – No pins. Tech falls will be awarded.
 - Grades 3 & 4** 3 – 1 min. periods
 - Grades 5 & 6** 3 – 1 min. periods
 - Grades 7 & 8** 3 – 1 min. periods
 - Grades 9 & 10** 3 – 1 min. periods
 - Grades 11 & 12** 3 – 1 min. periods
 - Out of High School** 3 – 1 min. periods

*Note: Every effort will be made to separate wrestlers by weight and grade, but we reserve the right to make a one division adjustment if necessary and reasonable.

Weigh In: Saturday, April 4, 2009, 6:30-8:00 AM in wrestling room located south of the gym.
Wrestling will begin at approximately 9:00 AM.

Entry Fee: \$15 pre-registered (nonrefundable) if received on or before Monday, March 30, 2009.
\$20 at the door. **Make checks payable to Byron Wrestling Association.**
Mail to: Byron Tiger Wrestling Open, Attn: Bob Baker, 8589 Verde Ct., Byron, IL 61010

Insurance: Participants must provide own insurance and complete and sign the attached waiver.

Concessions: The Byron Wrestling Association will be operating a **Pancake Breakfast** and full concession stand all day.

Admission: Adults \$3, Students \$2, Children 6 & Under Free

Information: Bob Baker 815 234-5491 (Work) or 815 234 -2772 (Home)
e-mail address: bakerb@byron.ogle.k12.il.us

Entry Form (return with payment by March 30, 2009)

Release - The undersigned wrestler and the parents or guardians of the wrestler hereby represent to the Byron Wrestling Association as a sponsor of the Byron Tiger Wrestling Open, that the wrestler’s health is and will be sufficient to allow the wrestler to safely participate in the tournament. The undersigned understands and accepts that no health examination will be conducted by the Byron Wrestling Association to determine the wrestler’s fitness to participate in the tournament and that health and accident insurance coverage of the wrestler, if any, is the sole responsibility of the undersigned. The undersigned understands and accepts that the wrestler participates in the tournament at the wrestler’s own risk. The undersigned understands and agrees not to make any claims or bring any lawsuit for personal injury, death, property damage, or loss which arise out of the wrestler’s participation in the tournament against the Byron Wrestling Association, its Agents, Byron High School, or C.U.S.D. #226. The terms “Byron Wrestling Association,” “Byron High School,” and “C.U.S.D. #226” include the governing board of these entities and their officers, employees, and agents.

Participant’s Name _____ Address _____

City/Zip _____ Phone _____

Current Grade _____ Age _____

Parent/Guardian Signature _____ Date _____

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