

TEA Youth Wrestling Tournament

Sunday, February 21, 2010

(Registration Deadline is Feb. 17, 2010)

Sign up early as we turned away over 100 wrestlers last year!

Where: Tea High School Gym

Time: Check-in from 12:00 – 1:00, with Wrestling to begin at 1:30 PM

- No AAU Card will be required.
- Mat-side coaching will be allowed. 1 coach per wrestler; coach must purchase a Coach's wrist-band.

Entry Fee & Registration: \$10.00 non-refundable fee must be pre-paid for each wrestler. Complete and return the entry form along with the entry fee for each wrestler to following:

Tea Youth Wrestling

C/o Jen Heien, 330 Lisa Circle, Tea, SD 57064

- You may email the entry form to: teayouthwrestling@yahoo.com
- **The entry fee & registration MUST be received by the registration deadline.**
- Deadline for Registration: 5:00 PM on February 17, 2010.
- Tournament will be limited to the first 325 paid wrestlers. Check www.teaparkandrec.com to see if tournament is full.
- Make Checks Payable to: **Tea Youth Wrestling**

Age-Divisions: 6 & Under 7 & 8 years 9 & 10 years
 11 & 12 years 13 & 14 years Girls division

*Age determined by wrestler's age of calendar year. Wrestlers will wrestle as close to their weight as possible. Host officials will have the right to weigh any wrestler in question.

Bracketing & Format: 4 or 5-man round robin, with three (3) – 1 ½ minute periods, individually timed.

- H.S. wrestling rules apply.

Officials: Augustana College Wrestlers

Awards: 1st place Trophy, with Medals for 2nd, 3rd, 4th, 5th

Admissions: Adults = \$5.00 K-12 & Kids = Free Coach's Wrist-band = \$5.00

Contact: Jeramie Eimers – (P) 605-360-4856, or email: jeramie@sio.midco.net

- Please DO NOT contact the Tea Area School system, the Tea Youth Wrestling program is an independent organization.
- NO COOLERS, as Concessions will be served.
- NOT Responsible for Accidents.

WRESTLER'S NAME: _____ WEIGHT: _____ AGE: _____ SEX: Male / Female

BIRTH-DATE: _____ TOWN / CLUB: _____ YRS EXPERIENCE: _____
(Month / Date / Year)

I certify that _____ was born on the date stated. My child has my permission to compete in the Tea Youth Wrestling Tournament. I hereby accept full responsibility for child's behavior and participation. I agree not to hold the Tea Youth Wrestling Organization responsible for injury or accident to my child. I understand that the Tea Youth Wrestling Organization is not carrying medical insurance for my child.

PARENT / GUARDIAN SIGNATURE: _____ PHONE: _____