

SLINGER RED RHINOS

“True” Beginners Tournament Folk Style: Pre K – 8th Grade
Event is focused around new / beginner wrestlers with limited to no tournament experience

• USA CARD NOT REQUIRED / SIGNED RELEASE FORM REQUIRED!

- **WHEN:** Sunday, January 19th, 2020
- **WHERE:** Slinger High School 207 Polk St., Slinger WI
- No places will be awarded
- Each wrestler will receive an ice cream treat
- Cost: \$15 per wrestler
- Pre-Register by January 15th
- Bracketed w/ age & weight
- Singlets are not required / head gear encouraged
- 4 man brackets
- No head throws / if pinned, continue to next period
- No walk ins

Register & Pay @ www.Trackwrestling.com

USA Card Required or Signed Release Form

Check In & Weight Checks– 8:15 AM to 9:00 AM

Wrestling Starts @ 9:30 AM

GREAT Concessions Available ALL Day

\$2 spectator fee, wrestlers and Children 12 & under are FREE

1/2 of ALL spectator fee donated to the Slinger Food Pantry

Questions? Email slingerwrestlingclub@gmail.com or Text 262-719-4047

Disclaimer: In the event that the School District would cancel the tournament because of inclement weather, please refer to track wrestling policy



RELEASE FORM: SLINGER BEGINNER TOURNAMENT, Jan. 19th 2020

- Club: Slinger Red Rhino's
- When: January 19th, 2020
- Where: Slinger High School

Participants Name: _____

I understand that participation in the above activity or event may be hazardous for the aboved named participant.

In signing below, I assume all risk of harm or injury, which may occur to the participant as a result of participating in the above named event or activity. I hereby release **Slinger Red Rhino's** and its officers, employees, or agents form any and all liability, costs and damages resulting from this individual's participation.

I agree that minor has my consent to participate in the event or activity stated above.

I also give my consent for the business or organization to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

Name of Parent or Guardian (please print)

_____/_____
Parent or Guardian signature / Date