



WISCONSIN GIRLS BADGER STATE WRESTLING TOURNAMENT

*******USA Card required*******

Sunday, January 10, 2016

WEIGH-INS: 7:00am to 9:00am

Mary D. Bradford High School 3700 Washington Rd. Kenosha, WI 53144

Main Telephone: (262) 359-6200 Fax: (262) 359-5948

Kenosha Girls Wrestling Coach Jerril Grover: 4106-32ndAve Kenosha, WI 53144..... (262) 657-5046

Registration Fee: \$25. 00 if Postmarked before Monday, January 4, 2016

Registration Fee at the door: \$30. 00 at the door

Spectator Fee: (Including Coaches): \$6.00

Divisions /Periods:

Elementary Grades K-5 periods 1/1/1

Middle School Grades 6-8 periods 1.5/1.5/1.5

High school Grades 9-12 periods 2/2/2

Weight Classes: Wrestlers will be grouped in brackets by WEIGHT and EXPERIENCE

Awards: Every wrestler will receive a medal. The champion will receive a wall chart.

Rules:

Folkstyle High School Rules and Guidelines (Hairnets optional for all, headgear optional for high school girls division).

Concessions will be available.



Send Fee and Registration Form to: Coach Jerril Grover 4106-32ndAve Kenosha, WI 53144
Make checks payable to - "Kenosha Girls Wrestling"

WISCONSIN GIRLS BADGER STATE WRESTLING TOURNAMENT Group _____

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Name: _____ **Grade:** _____

School _____ **El. MS. HS.** **Age:** _____

USA Card No. _____ **Weight (Do not fill out)** _____ **lbs**

Address: _____

City _____, **State** _____, **Zip** _____

Phone: (_____) _____ **Experience:** low medium high

In consideration of acceptance in the Wisconsin Girls State Wrestling Tournament, I my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and members from any and all claims, rights and damages for injuries while competing in this program. I also give my authorization for emergency treatment.

_____ has my permission to participate in the Wisconsin Girls Badger State Wrestling Tournament.

Parent/Guardian Signature: _____ **Date:** ____/____/____

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