Killer Miller

Wrestling Classic

	February 24, 2018		
Location:	William Fleming High School		
	3649 Ferncliff Ave NW		
	Roanoke, VA 24017		
Weigh-Ins:	Friday- 8:00 PM-9:00 PM & Satu	rday – 7:00 AM - 9:00 AM (Satellite we	eigh-ins by coaches only)
Cost:	\$20.00 Entry Fee at Weigh-Ins	S	
Admission:	\$2.00		
Divisions:	Pre K - 3 rd		
	4 th - 5 th		
	6 th - 8 th		
	9th-12th		
	Open		
Procedure:	Tournament will follow all VHS	L rules. All Weight classes will be rou	nd robin, High School may be 8 man bracket
Awards: N	Metals for 1st though 4th place		
Contacts: 0	had Huddleston: 540-589-3949	or <u>chuddleston01@gmail.com</u>	
Fleming Colone	child's entering the Killer Miller Wrestl Is wrestling club, and any other individ		he sponsor's, tournament directors, referee's, William
			port of wrestling and I expressly assume all those
	ify that the entrant has no injuries or he	prough knowledge of the risk inherent to the sp	port of wrestling and I expressly assume all those
risks. I also cert Wrestlers	ify that the entrant has no injuries or he	orough knowledge of the risk inherent to the sp nealth conditions that would be aggravated by	port of wrestling and I expressly assume all those his/her participation in this tournament.
Wrestlers Wrestlers Info	ify that the entrant has no injuries or he	orough knowledge of the risk inherent to the spealth conditions that would be aggravated by	port of wrestling and I expressly assume all those his/her participation in this tournament. Parent/Guardians Signature
Wrestlers Wrestlers Info	ify that the entrant has no injuries or he	orough knowledge of the risk inherent to the spealth conditions that would be aggravated by Schoo	port of wrestling and I expressly assume all those his/her participation in this tournament. Parent/Guardians Signature I or Club: Age:
Wrestlers Wrestlers Info	ify that the entrant has no injuries or he	orough knowledge of the risk inherent to the spealth conditions that would be aggravated by Schoo Grade Years	port of wrestling and I expressly assume all those his/her participation in this tournament. Parent/Guardians Signature I or Club:
Wrestlers Wrestlers Info	ify that the entrant has no injuries or he	orough knowledge of the risk inherent to the spealth conditions that would be aggravated by Schoo	port of wrestling and I expressly assume all those his/her participation in this tournament. Parent/Guardians Signature I or Club: Age:
Wrestlers Wrestlers Info	ify that the entrant has no injuries or he	Schoo Grade Years For Tournament Use Only: Weight:	port of wrestling and I expressly assume all those his/her participation in this tournament. Parent/Guardians Signature I or Club: Age:
Wrestlers Wrestlers Info	Signature ormation: Name:	Schoo Grade Years For Tournament Use Only: Weight: Division:	port of wrestling and I expressly assume all those his/her participation in this tournament. Parent/Guardians Signature I or Club: — Experience:
Wrestlers Wrestlers Info	ify that the entrant has no injuries or he	Schoo Grade Years For Tournament Use Only: Weight:	port of wrestling and I expressly assume all those his/her participation in this tournament. Parent/Guardians Signature I or Club: Age: