The Ironman Youth Open

Presented by Walsh Jesuit and Ohioquest Wrestling

Sunday, November 10th, 2019

Walsh Jesuit High School, Ohioquest Wrestling, and the North Akron Wrestling Club bring the magic of the Ironman Tournament to youth wrestling with the Ironman Youth Open. This is an open tournament in which any wrestler may compete. No pre-registration is required-same day registration only. Note: The top four teams at this event will leave with a combined total of \$1000 in donations to their club, including a \$500 check to the first place team.

Event Location: Walsh Jesuit High School, 4550 Wyoga Lake Rd, Cuyahoga Falls, Ohio.

<u>Division</u>	Weigh In Times	Start Time
Division I: 2013-2014	7:30-9:00 a.m.	10:00 a.m.
Division II: 2011-2012	7:30-9:00 a.m.	10:00 a.m.
Division III: 2009-2010	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2007-2008	7:30-12:30 p.m.	1:30 p.m.
Middle School:	7:30-12:30 p.m.	2:00 p.m.

<u>Weight Classes:</u> Will be determined after weigh-ins. The purpose of this is to discourage wrestlers cutting weight to make a particular weight class. No wrestler will be paired with a wrestler more than 12% heavier without parental or coach permission.

<u>Awards:</u> Champions will receive a Trophy. 2nd and 3rd place finishers will receive Medals. The Top Four Teams will receive donation directly to their program at the end of the tournament, as follows: 1st place: \$500, 2nd place: \$250, 3rd place: \$150, 4th place: \$100.

Entry Fee: \$25, payable at the time of weigh-ins- cash or check (payable to CFC Athletics).

Rules: All matches will be three periods with choice of position for the second and third period.

Concessions: Will be served all day, including a full breakfast.

Contact Information: Larry Kerr: 567-203-2955 Email: kerr7370@msn.com

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administers, waive and release the North Akron Wrestling Club, Walsh Jesuit High School, officials, OhioQuest Wrestling, CFC Athletics, tournament directors, workers and all representatives from all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

WRESTLER'S NAME (PRINT LEGIBLY)				
ADDRESS	CITY	STATE	ZIP	
EMAIL	CLUB or SCHOOL			
DIVISION	BIRTHDATE			
SIGNATURE OF ATHLETE	DAT	E	<u></u>	
SIGNATURE OF PARENT	DA	TE		