



**BERKELEY SPRINGS INDIANS WRESTLING PRESENTS
FALL CLASSIC TAKEDOWN TOURNAMENT
FUNDRAISER FOR THE BSHS INDIANS WRESTLING TEAM
SATURDAY, OCTOBER 9, 2021 @ 10:00 AM**

LOCATION: WARM SPRINGS MIDDLE SCHOOL 271 WARM SPRINGS WAY, BERKELEY SPRINGS, WV 25411

TAKEDOWN TOURNAMENT IS OPEN TO ANYONE

- **COST: \$25 PER WRESTLER**
- **DIVISIONS-K-2, 3-6, 6-8, 9-12, OPEN, SPECIAL MOM'S TAKEDOWN CHALLENGE**
- **MADISON WEIGHTS WILL BE DETERMINED AFTER THE AM WEIGH INS**
- **ROUND ROBIN FORMAT (4 WRESTLER ROUND ROBIN BRACKETS IF POSSIBLE)**
- **ONE THREE MINUTE PERIOD WITH RUNNING CLOCK & MUSIC**
- **MOST TAKEDOWNS IN THAT TIME PERIOD WINS**
- **AWARDS: MEDALS TO TOP 3 IN EACH WEIGHT CLASS**
- **ALL PARTICIPANTS SHOULD HAVE WRESTLING SHOES AND SINGLET. (TEE SHIRT AND SHORTS CAN BE WORN IF YOU DO NOT HAVE A SINGLET)**
- **CONCESSIONS WILL BE OPEN**
- **\$5.00 ADMISSION FEE**
- **FOR MORE INFORMATION OR TO CONFIRM. PLEASE CALL OR EMAIL JAMIE HARRIS AT (304) 820-9505 OR j.harris@k12.wv.us**

SCHEDULE

TIME	EVENT
8:00 AM-9:30 AM	WEIGH INS
9:50 AM	RULES & SCORING
10:00 AM	WRESTLING BEGINS

***** ALL WRESTLERS ARE REQUIRED TO HAVE THE PARENT OR LEGAL GUARDIAN CONSENT FORM AND EMERGENCY CONTACT FORM FILLED OUT TO PARTICIPATE IN THIS TOURNAMENT. IF YOU DO NOT HAVE BOTH FORMS FILLED OUT AND SIGNED YOU CAN NOT COMPETE.
CONFIRM PARTICIPATION BY CONTACTING COACH HARRIS.**

REGISTRATION

WRESTLER NAME: _____

AGE: _____ **GRADE:** _____ **TEAM/SCHOOL:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

I HEREBY VOLUNTARILY PERMIT ME OR MY CHILD TO PARTICIPATE IN THE TAKEDOWN TOURNAMENT. I UNDERSTAND AND FULLY ACCEPT THERE ARE RISKS INVOLVED IN SPORTS AND PHYSICAL ACTIVITY AND GATHERING WITH OTHER PERSONS, AND THAT ACCIDENTS, ILLNESSES, AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES IN SPORTS AND PHYSICAL ACTIVITY. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH OR ILLNESS, AND VERIFY THIS STATEMENT BY SIGNING BELOW. AS CONSIDERATION FOR BEING PERMITTED BY BSHS TO PARTICIPATE IN THESE ACTIVITIES, I HEREBY RELEASE AND HOLD HARMLESS THE BSHS STAFF, VOLUNTEERS AND DESIGNATED COACHES FROM ALL LIABILITY, AND FROM ALL ACTIONS OR CLAIMS THAT I OR MY CHILD NOW OR HEREAFTER HAVE FOR DAMAGE OR INJURY OR ILLNESS TO ME OR MY CHILD, OR TO ANY PERSON OR PROPERTY, RESULTING FROM THE NEGLIGENCE OR OTHER ACTS OF ANY EMPLOYEES OR VOLUNTEERS IN CONNECTION WITH ME OR MY CHILD'S PARTICIPATION.

I FURTHER AGREE THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISKS IS TO BE BINDING ON THE HEIRS AND ASSIGNS OF THE UNDERSIGNED. I FURTHER AGREE TO INDEMNIFY AND TO BSHS (ITS COACHES, EMPLOYEES, AND VOLUNTEERS) FREE AND HARMLESS FROM ANY LOSS, LIABILITY, DAMAGE, COST OR EXPENSE WHICH THEY MAY INCUR AS A RESULT OF ANY INJURY, ILLNESS, AND/OR PROPERTY DAMAGE THAT I OR MY CHILD MAY CAUSE OR SUSTAIN WHILE PARTICIPATING IN THIS ACTIVITY. IN THE EVENT OF A MEDICAL EMERGENCY, I GRANT PERMISSION FOR BSHS VOLUNTEERS TO ADMINISTER FIRST AID OR SECURE MEDICAL TREATMENT FOR MY ATHLETE, PROVIDED THEY ARE UNABLE TO COMMUNICATE WITH ME, AND ACCORDING TO THEIR BEST JUDGMENT. I ALSO HEREBY GIVE PERMISSION TO BSHS STAFF AND VOLUNTEERS TO DISCLOSE THE INFORMATION CONTAINED ON THIS FORM TO MEDICAL PERSONNEL. I AGREE TO PAY ALL MEDICAL, HOSPITAL, OR OTHER EXPENSES WHICH MY CHILD OR I MAY INCUR AS A RESULT OF SUCH TREATMENT. BSHS DOES NOT PROVIDE ANY MEDICAL OR OTHER INSURANCE PROTECTION OR BENEFITS FOR THOSE WHO PARTICIPATE IN THEIR PROGRAMS. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND BSHS FOR ALL ACTIVITIES OCCURRING AT BSHS, AND I SIGN BELOW ACCORDING TO MY OWN FREE WILL.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PRINTED NAME: _____

DATE: _____