



## 2<sup>nd</sup> Annual Doc Conkwright Wrestling Tournament

**Place:** Frank W. Cox High School  
2425 Shorehaven Dr, Virginia Beach, VA 23454

**Date:** Saturday May 12<sup>th</sup>, 2018

**Times and Divisions:**

- K-2 Pee Wee (1,1,1)
- 3-5 Elementary (1,1,1)
- 6-8 Middle School (2,1,1)
- 9-12th High School (2,1,1)

\*\* K-5 grade will start at 9 AM

\*\* Middle school and High School will start by 11:30 A.M.

**Weigh-ins:** Must be emailed to [Rgrai67510@aol.com](mailto:Rgrai67510@aol.com) emails will be confirmed by return email. All Weights must be received by Friday May 11<sup>th</sup>, 2018 by 5 p.m.

**Admission:** All coaches with current **AAU Card** are admitted FREE. Kids under 12 are FREE. Adults and kids over 12 is \$5.00

**WRESTLING RULES:** VHSL Modified rules; **EVERYONE** must have **PROOF OF AGE** if challenged; **INCLUDING** the **PERSON ISSUING** the challenge.

**AWARDS:** All Pee Wee (K-2) will medal and all other divisions will medal top (3) in each division.

**UNIFORMS:** **Wrestling Singlet or Shorts/T-shirt** (School Uniforms are not allowed), mouth guard (for braces), wrestling shoes, headgear (optional)

**WRESTLING ENTRY FEE:** \$25.00 **MUST HAVE CURRENT AND VALID AAU CARD TO PRATICIPATE**

**\*\*\* Weight MUST BE completed. If not, the application will be rejected! \* \* \***

Wt. \_\_\_\_\_ Div. \_\_\_\_\_ \* \* \* You MAY change weights at weigh-ins \* \* \*

Print Name: \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Past Honors: \_\_\_\_\_

Name of School or Wrestling Club: \_\_\_\_\_

I hereby give this child permission to wrestle in the "Enter" and release all sponsoring bodies, their officers, tournament officials, committees and referees from all liability. Furthermore, I agree that both myself and my child's coach will be held responsible for our own and the wrestler's conduct while attending this event. I am also aware that verbal or physical child abuse or neglect will or may be reported to proper authorities if witnessed by tournament officials and could lead to disqualification of the wrestler and possible lawful investigation beyond our borders.

Parent's Signature: \_\_\_\_\_ Contestant's Signature: \_\_\_\_\_

**BRING SIGNED COPY OF ENTRY FORM TO WEIGH-INS**

