



2nd Annual Doc Conkwright
Wrestling Tournament

Place: Frank W. Cox High School

2425 Shorehaven Dr, Virginia Beach, VA 23454

Date: Saturday March 10th 2018

Times and Divisions:

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

** K-5 grade will start at 9 AM

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

Weigh-ins: Must be emailed to Rgrai67510@aol.com confirmed by return email. All Weights must be received by March 9th, 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: -shirt, mouth guard (for braces), wrestling shoes, headgear

(optional)

WRESTLING ENTRY FEE: \$25.00

*** 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

Club Team Entry:

Club Name _____

Person Responsible for Payment _____

(please make checks payable to (COASTAL WRESTLING CLUB))

Name Grade AAU Card # Weight Division

