

Edwardsville Kids Open 2018

First To The Finish
www.FEWF.com



DATE: Saturday, December 15th, 2018
LOCATION: Edwardsville High School (EHS), Rt. 157 & Center Grove Rd.
ENTRY FEE: \$20.00 Pre-registered. \$25 at the door (make checks payable to EWC).
Coaches may email or fax a roster of wrestlers up to 10:00 p.m. on *Thursday, December 13th, 2018* and still be considered pre-registered. If a roster is faxed or emailed, then your Head Coach is responsible for payment for *all* wrestlers on the roster and must bring signed waiver forms for each wrestler in order to weigh in.

WEIGH-IN: NO FAXED OR EMAILED WEIGHTS!! (weigh-in @ EHS)
Friday, December 14th 6:30 p.m. - 8:30 p.m.
Saturday, December 15th 6:30 a.m. - 7:30 a.m. for 9 & Under
6:30 a.m. - 11:30 for 10 - 14

START TIME: Ages 9 & Under.....Wrestling to begin at approx. 9:00 a.m.
Ages 10 - 14Wrestling to begin at approx. 12:30 p.m.

AWARDS: Plaque for 1st & 2nd. Custom Medals for 3rd - 6th Place. Bracket board for 1st.
BRACKETS: 8 Man when possible. Every effort made to keep Elite and Beginners separate.
ADMISSION: \$3.00 Adults - \$1.00 Children **CONCESSIONS:** Food & Drink available all day

BLOOD DRIVE: Save Lives. Donate Blood. All day (9:00 a.m. - 4:00 p.m.) blood drive for Central IL Community Blood Center. Must have drivers license to participate. Donation time = 15 minutes!

ENTRY FORM: EDWARDSVILLE KIDS OPEN TOURNAMENT

Or register on line at www.edwardsvillegwrestling.com (PREFERRED)

Coaches, wrestlers not on roster & non-IL wrestlers **MUST** show
USA Card

NAME: _____ PHONE # _____
TEAM: _____
RECORD: (Last season) _____ RECORD: (This season) _____
USA CARD # _____ BIRTHDATE: _____
AGE GROUP: (circle one) 5 & U 6 & 7 8 & 9 10 & 11 12, 13 & 14

In consideration of your acceptance of this entry, I intend to be legally bound hereby for myself, my heirs, executors and administrators waive and release THE EDWARDSVILLE WRESTLING CLUB, IKWF, THEIR AGENTS, REPRESENTATIVES, COMMITTEES, FROM ANY AND ALL CLAIMS OR RIGHTS TO DAMAGE FOR INJURIES OR LOSSES SUFFERED BY ME DIRECTLY OR INDIRECTLY IN TRAINING OR TRAVELING TO OR FROM OR COMPETING IN, OR ATTENDING The Edwardsville Kids Open.

Guardian's Signature _____ Date: _____

MAIL TO: Edwardsville Wrestling Club
6188 Center Grove Road
Edwardsville, IL 62025

Phone: 618-204-2415 (Pat McNamara)
Email: pmcnama@gmail.com
Fax: 618-692-9482 (before 10:00 p.m.)