Sequoit Off-Season Slam

Folkstyle Wrestling
Sunday, March 18, 2018

Make up a team name with 10 wrestlers! Cost 20.00 per wrestler.
Register on Trackwrestling (Credit card only)
Registration to Sequoit Off-Season Slam
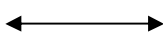Or
Wrestle unattached (Individual) Cost 25.00 per wrestler.
Check and registration form mailed to ACHS
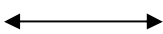
Individual & Team Awards

Individual Awards
1st Session 1st & 2nd Place Medals ←——→
2nd Session 1st & 2nd Place Medals ←——→

Team Awards
S.O.S - Sunglasses & T-Shirts
S.O.S - Bucket Hats & Sunglasses

Tournament Director: Wilbur Borrero, (847) 838-7622

<u>WHERE</u>: Antioch HS, 1133 Main Street, Antioch, IL 60002 (Mail Applications Here)

1ST SESSION: Bantam, Intermediate, Novice, and Seniors --- 6:00AM Weigh-Ins/Wrestling @ 8;00AM
2ND SESSION: Freshmen/Sophomores - Juniors/Seniors & Open-10:20AM Weigh-Ins/Wrestling @ 12:00PM

REGISTER: <u>Team members</u>: register under team name & pay by credit card on "Trackwrestling"
<u>Unattached/</u> Mail Entry Form with a Check Made Out To "ACHS Wrestling" to
<u>Individuals</u>: Antioch High School (Wilbur Borrero) 1133 Main Street, Antioch, IL 60002

<u>BRACKETS</u>: All are 4-man round robin block weights. 1st session - 3 one-minute periods. 2nd session 3 one and a half minute periods. Wrestlers may bump up one age group but not into the adult division. No wrestler may wrestle 2 divisions. **Bracketing will be strictly by weight and in straight order. There will be no exceptions to keep different members of a team in different brackets.** You may request a weight addition to move a team member up a weight class.

SEQUOITS OFF-SEASON SLAM (S.O.S.) ENTRY FORM (one per wrestler)

In consideration of your acceptance of this entry, I, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive the Community Unit District #117, their agents, committees and volunteers of all claims on rights to damage for injuries, losses suffered by me directly, indirectly in training, traveling to, from, competing in or attending the S.O.S. Slam. I understand there is a risk of permanent injury and/or death arising out of extreme weight loss efforts.
Make sure you print legibly and fill out the entire entry form.

Wrestler's Name_____ B – I – N- S <u>or</u> F/S – Jr/SR <u>or</u> A Birthdate: _____
                                                                            (circle one)
Wrestler's Email_____ Parent's Email_____

Parent Cell: _____ Insurance Carrier & #_____

Parent/Guardian Signature _____ Date_____