

Vinton Lions Club/Vinton Parks & Recreation Department

# Little Viking Wrestling Tournament

Date: Sunday, January 15, 2012

Tournament Directors: Duane Randall, Director of VPRD (472-4164)

Don Weideman, Vinton Lions Club

Divisions: K • 1<sup>st</sup>/2<sup>nd</sup> • 3<sup>rd</sup>/4<sup>th</sup> • 5<sup>th</sup>/6<sup>th</sup> • 7<sup>th</sup>/8<sup>th</sup>

Brackets: 4-person round-robin format (This could change based on wrestlers weight proximity.)

Weigh-ins: 11:30 am - 12:15 pm

(Wrestlers who arrive late will not wrestle. Wrestling will begin immediately after weigh-in.)

Weight classes: weight classes will be determined by entries received

Awards: Trophy for 1<sup>st</sup> place, medals for 2<sup>nd</sup> - 4<sup>th</sup> place

Location: V/S High School, 210 W 21<sup>st</sup> St, Vinton, IA

Entry Limit: first 230 wrestlers

Cost: \$10.00, \$15.00 after January 11, 2012 (Late registrations not guaranteed to participate.)

Sponsored by: Vinton Lion's Club, V/S Wrestling Program & VPRD

Concessions will be available. No coolers will be allowed in the school.

Please mail or bring registration form and fee by January 11, 2012 to the Vinton Recreation Center at 701 East A Street. Make checks payable to Vinton Lion's Club. Late fees will be enforced. No phone registrations.

Questions please call 472-4164.



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*Little Viking Wrestling Tournament 2012*

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ Record \_\_\_\_\_ Appox. weight \_\_\_\_\_

School District \_\_\_\_\_

Print Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

1. I/We recognize that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities. 2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Vinton for advertisements, training, or other purposes. 3. In the vent of injury or illness, I hereby give my consent for medical treatment and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Make checks payable to Vinton Lion's Club

Mail Completed Form & Check to:

Vinton Parks & Recreation Department

701 East A Street, Vinton, IA 52349

\*Additional forms available at [vprdzone.com](http://vprdzone.com)

Office Only:	Tourney Fee: <u>\$10.00</u>
	\$5 Late fee after 1/11: _____
	Total Due: _____
	Date Paid: _____
	VPRD Initials: _____