



# ***2017 VAWA Freestyle Club Dual Championships***

**Colonial Forge High School  
550 Courthouse Road, Stafford VA 22554**

Style: Freestyle

Date: Saturday May 13, 2017

Saturday check-in and weigh-ins: 7-8 AM May 16 (NO SATELLITE WEIGH-INS)

Wrestling begins: 10 AM

## **Rules**

- Pools to Cross Over
- Each full team must provide a table worker
- Wrestlers must present a valid USAW card (Full Membership)
- A liability form (below) must be completed for each wrestler
- Coaches must hold a valid USAW coaching card
- A full team is 15 plus 4 alternates
- USAW Freestyle Rules 2 – 3 minute periods plus 30 second break

Team Registration (We will take the first 10 Teams/Clubs)

Due Postmarked May 6th - \$375 Team Entry Form on next page

Weight classes: High School Division (Grades 8-12 for 2016/2017) +3 lb weight allowance

100, 106, 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220, 285

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

School/Club \_\_\_\_\_

Mail entries and payment to: Steve Crocker – 905 Pepper Avenue, Richmond VA 23226

Make checks for \$375 registration fee payable to “Virginia Wrestling Association”

Entries can also be emailed to [suggestions@virginiawrestling.com](mailto:suggestions@virginiawrestling.com) with the subject line “2017 FS Duals Entry”; Acceptance into the VAWA Freestyle Duals Championship is based on a first come first serve basis. Payment must be received to confirm your spot. Your check being deposited is your confirmation. We will also try and list teams on our website at [www.VirginiaWrestling.com](http://www.VirginiaWrestling.com)

***This tournament will be limited to the first 10 paying teams***



### INDIVIDUAL LIABILITY RELEASE

Name: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Weight Class: \_\_\_\_\_ School/Club \_\_\_\_\_

Season Varsity Wrestling Record: \_\_\_\_\_

Single Highest Wrestling Honor: \_\_\_\_\_

#### LIABILITY RELEASE

I, the undersigned, individually and as a parent/guardian \_\_\_\_\_ a minor, ask that he/ she be admitted to participate in the above Virginia Wrestling Association sponsored event. I do hereby agree to release, discharge and hold harmless the Virginia Wrestling Association, and the Richmond Public Schools, their agents and employees of and from all causes, liabilities, and damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sporting event or in the course of competition held in connection with this event. I also give permission for my child's photograph to appear in promotional material regarding this event.

\_\_\_\_\_  
Parent/ Guardian Signature Required

\_\_\_\_\_  
Date



### TEAM ROSTER

Club Name: \_\_\_\_\_ State: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Class	Weight	Wrestler	Grade	2017 Record	Accomplishments
100					
106					
113					
120					
126					
132					
138					
145					
152					
160					
170					
182					
195					
220					
285					
Alt					
Alt					
Alt					
Alt					