



# Nebraska USA Wrestling State Folkstyle Tournament



## Grand Island High School Grand Island, Nebraska

### Schedule of Events

**Sunday, March 13, 2005**

<b>Registration:</b>	<b>6:30 a.m.</b>	<b>Must present USA card at registration. Only full benefit USA cards are accepted. Upgrades to the USA/Huskerland card can be made on site.</b>
<b>Weigh Ins:</b>	<b>7:00 a.m.</b>	<b>Must be present at the beginning of weigh ins. All wrestlers must weigh in with a singlet on.</b>
<b>Start Time:</b>	<b>9:00 a.m.</b>	<b>All Age Divisions</b>
<b>Cost:</b>	<b>\$15.00</b>	<b>Entry Fee</b>
	<b>\$ 5.00</b>	<b>Late Fee</b>
	<b>\$ 5.00</b>	<b>Discount for any wrestler entered in the Huskerland Duals.</b>

**\*\*\* First criteria used in qualifying for the Middle School National Dual Team \*\*\***

### 2005 Age Division and Weight Classes

Tots (Born 1999-2000) Submit actual weight (weight classes will be determined)  
Bantam (1997-98) 40, 45, 50, 55, 60, 65, 70, 75, 75+  
Midget (1995-96) 50, 55, 60, 65, 70, 75, 80, 87, 95, 103, 112, 120, 120+  
Novice (1993-94) 60, 65, 70, 75, 80, 85, 90, 95, 100, 105, 112, 120, 130, 140, 140+  
Schoolboy (1991-92) 70, 75, 80, 85, 90, 95, 100, 105, 110, 115, 120, 125, 130, 145, 165, 185, 205, 225  
Cadet (1989-90) 84, 91, 98, 105, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 275  
Juniors (Born 9/1/85 & after, plus enrolled in grades 9-12) 98, 105, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 275



# Nebraska USA Wrestling State Folkstyle Tournament Entry Form



Name \_\_\_\_\_ USA Card # \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ E-mail \_\_\_\_\_

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

Division \_\_\_\_\_ Weight Class \_\_\_\_\_

**\$15.00 entry fee payable to Nebraska USA Wrestling, \$5.00 Late Fee - Entry deadline March 9, 2005**  
**Mail to: John Hiffernan, 1513 S. 97<sup>th</sup> St., Omaha, NE 68124**

**CONSENT AND RELEASE**

In consideration for the opportunity to participate in the Nebraska USA State Folkstyle Championships (the "Event") the undersigned and his/her parent or guardian, if applicable ("Competitor"), hereby acknowledges that the "Event", and related activities and performances, may be televised live and/or videotaped for broadcast, cablecast, home video entertainment and/or any other use or distribution (collectively, "Dissemination") in a manner not inconsistent with applicable rules of The United States of America Wrestling Association, Inc., d/b/a USA Wrestling, Inc. ("USAW") and/or the Fédération Internationale des Lutte Associées ("FILA") and hereby consents that USAW, for purposes of USAW's athletics/sports programs and related events and activities, and any television network, production company or any other parties with which USAW has agreements for such purposes, and/or their licensees, shall have the right, without any compensation to competitor, to use Competitor's name, photograph, image, likeness, biography and accomplishments and displays of wrestling ability in any Dissemination of the Event and for the purpose of advertising, promoting and publicizing the events and activities of USAW and the program and/or any program series of which any Dissemination of the Event is a part (provided that none of the above shall be used in such fashion so as to constitute an endorsement of any commercial product). Competitor agrees, for and on behalf of Competitor and Competitor's heirs, personal representatives, administrators, agents, successors and assignees, to release, indemnify and hold harmless USAW and its officers, directors, agents, employees and licensees from any claim of any nature based upon or arising out of any Dissemination or other permitted uses contemplated by this Consent and Release.

\_\_\_\_\_  
*Signature of Competitor* \_\_\_\_\_ *Date* \_\_\_\_\_ *Signature of Parent or Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

**MEDICAL CONSENT**

Name of your primary Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Presently on any medication? \_\_\_\_\_ If yes, please list medication(s) \_\_\_\_\_

Drug Sensitivities or Allergies \_\_\_\_\_

Special Medical Conditions \_\_\_\_\_

**Please indicate another person to call if an accident occurs:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**Parent or Guardian of minor must read and complete the following:**

Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.

Check one:

\_\_\_\_ If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

\_\_\_\_ If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions — List any medical procedures that you do not want performed unless specific approval is received:

COMPETITOR ACKNOWLEDGES THAT COMPETITOR HAS HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

\_\_\_\_\_  
*PRINT Name of Competitor* \_\_\_\_\_ *SIGNATURE of Competitor* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_