



Nebraska USA Wrestling State Freestyle/Greco Roman Tournament



Hosted By

Millard North High School Omaha, Nebraska

Schedule of Events

Saturday, May 3, 2008

Bronze Coaches Clinic 7:00a.m.

Session 1	<u>Division</u>	<u>Registration</u>	<u>Weigh Ins</u>	<u>Start Time</u>	<u>Style</u>
	Bantam	7:30 a.m.	8:00 a.m.	10:00 a.m.	Greco
	Midget	7:30 a.m.	8:00 a.m.	10:00 a.m.	Greco
	Novice	7:30 a.m.	8:00 a.m.	10:00 a.m.	Greco
	Schoolboy	7:30 a.m.	8:00 a.m.	10:00 a.m.	Greco
	Cadet	7:30 a.m.	8:00 a.m.	10:00 a.m.	Greco
	Juniors	7:30 a.m.	8:00 a.m.	10:00 a.m.	Freestyle
Session 2					
	Bantam	11:30 a.m.	12:00 p.m.	Immediately	Freestyle
	Midget	11:30 a.m.	12:00 p.m.	following	Freestyle
	Novice	11:30 a.m.	12:00 p.m.	bracketing,	Freestyle
	Schoolboy	11:30 a.m.	12:00 p.m.	approximately	Freestyle
	Cadet	11:30 a.m.	12:00 p.m.	½ hour after	Freestyle
	Juniors	11:30 a.m.	12:00 p.m.	Session 1.	Greco

State USA Meeting at the conclusion of wrestling Saturday evening.

*** Only weigh in one time, must weigh in with a singlet, ***
*** and must be present at the start of weigh ins. ***

2008 Age Division and Weight Classes

Bantam (2000–2001)	40, 45, 50, 55, 60, 65, 70, 75, 75+
Midget (1998-99)	50, 55, 60, 65, 70, 75, 80, 87, 95, 103, 112, 120, 120+
Novice (1996-97)	60, 65, 70, 75, 80, 85, 90, 95, 100, 105, 112, 120, 130, 140, 140+
Schoolboy (1994-95)	70, 77, 84, 91, 98, 105, 112, 120, 128, 136, 144, 152, 160, 175, 190, 210, 235
Cadet (1992-93)	84, 91, 98, 105, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 275
Juniors (Born 9/1/88 & 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 Freestyle/Greco Roman Tournament Entry Form



Name _____ USA Card # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birth Date _____ E-mail _____

School/Club _____ Freestyle _____ Greco _____

Division _____ Weight Class _____

\$15.00 entry fee for one style, add \$10.00 for second style - payable to Nebraska USA Wrestling
Entry deadline May 1, 2008 - Mail to: Weylon White, 9912 Evans St., Omaha, NE 68134 Phone: (402) 689-4134

CONSENT AND RELEASE

In consideration for the opportunity to participate in the Nebraska USA State Freestyle/Greco Roman 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 Luttes 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* _____