



**Sick Nasty Freestyle Duals  
at Skyline High School**

Mailing Address: 151 Skyline Vista Dr. Front Royal, VA 22630

**Style:** Freestyle  
**Date:** April 23<sup>rd</sup>, 2017  
**Saturday check-in and weigh-ins:** 6-7 PM April 22<sup>nd</sup>  
**Sunday check-in and weigh-ins:** 7-8 AM April 23<sup>rd</sup>  
**NO SATELLITE WEIGH-INS**  
**Wrestling begins:** 10 AM

**Rules**

- 5 Duals Guaranteed
- 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 14 plus 3 alternates
- USAW Freestyle Rules
- 2 – 3 minute periods plus 30 second break

**Team Registration**

**Due Postmarked April 15th - \$300 Team Entry Form on next page**

**Weight classes:**

+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 \_\_\_\_\_  
 Weight Class: \_\_\_\_\_ School/Club \_\_\_\_\_  
 Season Varsity Wrestling Record: \_\_\_\_\_ Single Highest Wrestling Honors: \_\_\_\_\_

**LIABILITY RELEASE**

I, the undersigned, individually and as a parent/guardian \_\_\_\_\_ a minor, ask that he/she be admitted to participate in the above Skyline Wrestling Club sponsored event. I do hereby agree to release, discharge and hold harmless the Skyline Wrestling Club, and the Warren County School District, 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 \_\_\_\_\_

**Mail entries and payment to: Matt Keel – 163 Park Way Front Royal, VA 22630 – 540-303-1280**

**Entries can also be emailed to [mkeel@wcps.k12.va.us](mailto:mkeel@wcps.k12.va.us)**

**Acceptance into the Sick Nasty Duals Freestyle Tournament is based on a first come first serve basis. Payment must be received to confirm your spot. Your check being deposited is your confirmation. I will also try and list teams on our website at [www.skylinewrestling.org](http://www.skylinewrestling.org).**

**This tournament will be limited to the first 16 paying teams.**

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

Head Coach:	Cell#	Email:
Asst Coach:	Cell#	Email:
Asst Coach:	Cell#	Email:

Class	Weight	Wrestler	High School	Grade	2014 Record	Accomplishments
106						
113						
120						
126						
132						
138						
145						
152						
160						
170						
182						
195						
220						
285						
Alt						
Alt						
Alt						