



# BERGMANIA



**DATE: Sunday, March 8, 2015**

## 2015 Heidelberg University Youth Wrestling Tournament Heidelberg University, Tiffin, Ohio

*Sponsored by:*

**\*Tiffin VFW Post 2858\* \*Tiffin Am Vets Post 48\* \*GW'S Fine Food and Spirits\***

**WEIGH-INS:** Coaches: **ALL Pre-Registration** weights must be EMAILED BEFORE 8:00 pm Friday, March 6.

**Coaches / wrestlers** must bring signed applications and entry fee to check in.

Weigh-ins for walk-ins will take place: For the morning session from 7:00 am. To 8:00 am.  
For the afternoon sessions will take place from 10:30am to 12:00pm the day of the tournament.

**\*\*It is MANDATORY for wrestlers to check in before each session\*\***

**Morning Session check in by 8:00am    Afternoon Session check in by 12:00 noon**

*Weight classes will be determined the day of tournament by grouping according to actual weight of entered wrestlers.  
Birth certificates must be available at the tournament in case of age challenge. Limit: 250 wrestlers per session.*

**SESSION 1** – BEGINS at 9:15 am for Division “0” (6 and under), Division “I” (7 + 8 ) and Division “III” (11 + 12)

**SESSION 2** - BEGINS about 1:30 pm for Division “II” (9 + 10) and Division “IV” (13 + 14)

**RULES:** Modified high school rules. Scholastic overtime will be used. Matches are two 1½ minute periods. Both periods start in neutral position. Double elimination. 10 point technical fall. 8-man bracket. We reserve the right to combine weight classes.

**COST:** \$15.00 per wrestler, if Coach calls in wrestler and weight, and \$20 per Walk-in wrestler. **Please make checks payable to Heidelberg Wrestling.**

**ADMISSION:** \$5.00 for adults, \$3.00 for students, Senior Citizens and children under 6 are free.

**AWARDS:** 1<sup>st</sup> through 4<sup>th</sup> place

**LOCATION OF GYM:** Seiberling Gymnasium, 91 Hedges St. Tiffin, Ohio 44883 (Concession stand will be available.)

**Questions?** Call Tournament Directors: Tony Patrizi (419-934-0094) or Matt Cross (443-987-8704)  
You can e-mail us at: [mcross@heidelberg.edu](mailto:mcross@heidelberg.edu)

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REGISTRATION / PARENTAL PERMISSION FORM **(Please Print)**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DIVISION \_\_\_\_\_ TEAM \_\_\_\_\_ COACH \_\_\_\_\_

I hereby give my permission for my child to participate in the Heidelberg Youth Wrestling Tournament. I understand that neither Heidelberg University nor any of its agents, employees or tournament personnel is liable for any injury, which my child may incur while participating in this tournament. I accept full liability for any damage, which may have been caused by my child.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WRESTLER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* (To be completed at check-in / weigh-in / registration.)\*\*\*\*\*

Actual Weight: \_\_\_\_\_ Weight class: \_\_\_\_\_ Paid: \_\_\_\_\_