

MOMS OF MAYHEM

In conjunction with the
ROD OLDHAM MEMORIAL WRESTLING TOURNAMENT
Sunday February 4, 2018

LOCATION: PARKERSBURG SOUTH HIGH SCHOOL
1511 BLIZZARD DR. PARKERSBURG, WV 26101

ADMISSION: Adults \$5.00 Students \$3.00

FOOD: Concession Stand All Day **!!NO TOBACCO OF ANY KIND ALLOWED ON SCHOOL PROPERTY!!!**

TIMES: WEIGHT INS - Honor Weight in System. We ask Moms to be honest about her weight class.

ARRIVAL BY 12:00 PM

SCRATCH MEETING - 1:00 PM

WRESTLING BEGINS - 2:00 PM

!!!!NO WALK INS ACCEPTED!!!

FEE: \$25.00 CALL-IN

\$20.00 TEXT OR EMAIL ENTRIES

All entries must be received by Friday Feb. 2, 2018

NO REFUNDS WILL BE GIVEN

PLEASE MAKE CHECKS PAYABLE TO: SOUTH PARKERSBURG JR. WRESTLING

FOR CALL-IN/TEXT/E-MAIL ENTRIES:

Bryan Smith

Phone: 304-588-8899

Email: bsmith622@gmail.com

RULES: Wrestling Moms Only (Past or Present) → Wrestling Sons/Daughters will coach their own Mom → 3 one minute periods → Flip for 2nd period choice → Scholastic rules apply for overtime → Double elimination (for weight classes with more than 4 wrestlers) → We reserve the right to combine classes → Officials decisions and rule interpretations are final → Limit 2 entries per wrestler (2nd entry must be next age group). Age as of Jan. 1st → Proof of age must be provided upon request. → There will be a **1lb** weight allowance, any wrestler more the one pound over weight will not wrestle. → There will be no refunds given for any reason.

AWARDS: 1st thru 4th place individual awards and participation awards to all non placing wrestlers.

Circle Weight Class To Be Entered

Scrappers(130 and under)

Fly Girls(131-155)

Super Stars(156-180)

Warriors(180 and Above)

WrestlersName: _____ **Age:** _____ **Team:** _____

In consideration of your acceptance of my entry, I waive and release South Parkersburg Jr. Wrestling Team and South Parkersburg High School from any and all claims or rights to damage for injuries or loss suffered by me at this tournament and waive all claims to damages against the sponsors for this tournament.

Parent/GuardianSignature: _____ **Date:** _____

Phone Number/E-Mail: _____