

**SATURDAY, JANUARY 19th, 2008**

**Oregon Youth Wrestling Club  
Folkstyle Tournament**

*This is a pre-registration event!!!*

(Limit 560)

**Location: Oregon High School, 456 N. Perry Pkwy, Oregon, WI 53575**

Weigh Ins: 7:00am – 8:45am  
Divisions: K, 1-2, 3-4, 5-6, 7-8  
Format: Four man Round Robin  
Awards: Medals 1<sup>st</sup> – 4<sup>th</sup> Place  
Fee: \$10.00 Prepaid Registration  
\$12.00 after 1-13-08  
& on the day of the event.

**Please do not mail after 1-11-08**

USA Cards Required & For Sale At The Door

Bring a copy of your Birth Certificate to purchase a card. We can not sell them without a copy of your Birth Certificate.

**All REGISTRATION DUE BY JANUARY 13<sup>th</sup>, 2008**

No refunds given after 1-17-08

Questions: Contact - **Linda Hagstrom - (608) 835-3798** or [hags754@charter.net](mailto:hags754@charter.net)

Mail to Linda Hagstrom  
**754 Timber Ridge Dr.**  
Oregon WI 53575

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**Make checks payable to Oregon Youth Wrestling**

**REGISTRATION FORM**

Wrestlers Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Club: \_\_\_\_\_ Age \_\_\_\_\_

USA Card #: \_\_\_\_\_ Check #: \_\_\_\_\_

In consideration of my child's acceptance into the Oregon Youth Wrestling Tournament, I, my heirs, executors, and administrators, waive and release parents, coaches, sponsors, their agents, representatives, committees, and member from any and all claims or rights to damages for injuries while competing in or traveling to or from this tournament. I also give my permission for emergency medical treatment.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_