

NORTHERN INDIANA OPEN

26th ANNUAL

FOLKSTYLE WRESTLING TOURNAMENT

SATURDAY March 16, 2024

Sponsored by Goshen Wrestling Club

LOCATION:

Goshen High School Gym
401 Lincolnway East
Goshen, Indiana 46526
Enter at door 3I

SANCTION:

The Tournament is not sanctioned.
No card is Needed.

FOR INFORMATION CONTACT:

Jim Pickard
School (574) 533 - 8651 Ext. 21811

ELIGIBILITY

Open to any wrestler in grade Pre-K and beyond. Wrestlers must provide proof of age if challenged.

RULES:

High School Rules with some modifications.
Double Elimination.

COACHES: Wristbands will be \$10. You may purchase this on Friday night or Saturday morning. You will need to present a IHSWCA or USA wrestling coaches card to receive a wristband. Parents will not be allowed to purchase coaches wristbands.

REGISTRATION & WEIGH - IN:

Registration and Weigh-in will be
Friday March 15, 5:30pm - 8:00pm
Saturday March 16, 8:00am - 9:00am

ENTRY FEE IS: \$20.00

NO CHECKS WILL BE ACCEPTED:

AWARDS:

Custom Medals
1st 2nd & 3rd - Medals
4th 5th & 6th - Ribbons

Full Concessions Stand Available

There will be a \$10 charge for coolers.

Age & WEIGHT CLASSES

KINDER-1 st -2 nd (Young Elementary)	40-45-50-55-60-65-70-77-84-91-98-105-112-120-135
3 rd -4 th -5 th (Elementary)	55-60-65-70-77-84-91-98-105-112-120-128-136-144-152-167-180-195-220
6 th -7 th -8 th (Middle School)	77-84-91-98-105-112-120-128-136-144-152-160-175-190-210-225-285
9 th -10 th -11 th -12 th (High School)	106-113-120-126-132-138-145-152-160-170-182-195-220-285
OPEN	125-133-141-149-157-165-174-184-197-285

We will move wrestlers to fill weight classes to at least 8 man brackets whenever possible. All wrestlers can and will be moved up one weight class if there only a few competitors at that weight class. Moves involving more that 1 weight class will be decided by the wrestler and their parents.

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REGISTRATION FORM

ENTRY FEE \$20.00

NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ GRADE _____ EXPECTED WEIGHT _____

(Proof of Age/Grade is Required)

GOSHEN WRESTLING CLUB WILL NOT BE LIABLE FOR ACCIDENTS, INJURIES OR LOSS OF EQUIPMENT. I do hereby willingly and knowingly assume all rights and hazards incidental to participation including transportation to and from Goshen High School. In consideration of the Goshen Community School Corporation permitting said wrestling tournament to be held I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Goshen Community School Corporation. Goshen High School and any and all employees, servants, or agents of said organizations including but not limited to the organizers, sponsors, supervisors, participants, or Jim Pickard for any and all claims or damages which the participant named above might receive in said tournament.

AGREEMENT AND MEDICAL CONSENT: In consideration of your acceptance of my entry for this amateur wrestling tournament I, _____, will follow the rules of the amateur wrestling program; obey my coach/team leader; tournament director and wrestling officials. I am in good health and physical condition for this sport and understand if I am under eighteen years of age, I am required confirmation of this agreement by my parent or guardian. I/We, the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency for, a participant in this tournament. I/We also authorize the attending medical personnel to execute on my/our behalf if I/we are not immediately available to do so.

ALL WRESTLERS MUST PROVIDE PROOF OF AGE.

Wrestler's Signature _____ Date _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

(Please Print)

Emergency Phone Number _____ Name _____

**Registration and Weigh-ins will take place
on Friday night or Saturday morning**

You must weigh-in in a singlet or t-shirt and shorts

NO CHECKS WILL BE ACCEPTED