

CEDAR VALLEY WRESTLING

2023 FALL CLASSIC

INDIVIDUAL BOYS AND GIRLS WRESTLING TOURNAMENT FOR GRADE LEVELS - PRE-K-12TH

WHEN: SUNDAY, NOVEMBER 5TH, 2023

WHERE: FIT COURTS, 924 VIKING RD, CEDAR FALLS, IA 50613

INDIVIDUAL DIVISIONS & WEIGHT CLASSES BELOW

*** All Elementary, Middle School and High School weights will be grouped by the Madison Block System

BOYS DIVISIONS WILL START WRESTLING AT 9 A.M

- Boys Grades** (Prek-K – Folkstyle) – Match Time will be 1-1-1 and start time 9am
- Boys Grades** (1st-2nd – Folkstyle) – Match Time will be 1-1-1 and start time 9am
- Boys Grades** (3rd-4th – Folkstyle) – Match Time will be 1-1-1 and wrestling start time 9am
- Boys Grades** (5th-6th – Folkstyle) – Match Time will be 1-1-1 and wrestling start time 9am
- Boys Middle School** (7th-8th – Folkstyle) – Match Time will be 2-1-1 & wrestling start time 9am
- Boys High School** (9th-12th – Folkstyle) – Match Time will be 1:30-1:30-1:30 & wrestling start time 9am

GIRLS DIVISIONS WILL START WRESTLING AT 9 A.M

- Girls Grades** (Pre-K-2nd grade – Folkstyle) – Match Time will be 1-1-1 & wrestling start time 9am
- Girls Grades** (3rd-5th – Folkstyle) – Match Time will be 1-1-1 & wrestling start time 9am
- Girls Middle School Grades** (6th-8th Folkstyle) – Match Time will be 2-1-1 & wrestling start time 9am
- Girls High School** (9th-12th – Folkstyle) – Match Time will be 1:30-1:30-1:30 & wrestling start time 9am

MANDATORY WEIGH-IN TIMES: All wrestlers must wear singlets at weigh-ins!

Saturday Nov. 4: 7-8pm – Fast Pass weigh-in – All divisions (\$10 per wrestler)

Sunday Nov. 5: 7-8am – Free weigh-in – All divisions (doors open at 6:30am)

- Individual Tournament Awards
- Custom Medals 1st-4th place
- We will have plaques as awards for the overall team champions for Boys and Girls Divisions!
- We will have plaques as awards for the overall most outstanding wrestlers for Boys and Girls!
- Individual Tournament ADMISSION: \$10 per person per day, No Refunds! No free coaches passes!
- You can bring a small cooler! You can bring chairs with rubber legs! No metal legs on chairs!

INFORMATION CONTACT:

Question and Host Hotel info: farrellpromotions@gmail.com

Individual Tournament Wrestler Entry Fee: \$25

ends Nov. 4 at 6pm – Walk-in entry: \$50 cash only, No Refunds!

- **Register Online only at:** www.trackwrestling.com and search “Cedar Valley Fall Classic”
- This is a GRADE tournament. You must register your wrestler for the grade they are in during the 2023-24 school year. We reserve the right to combine weight classes!

TOURNAMENT RULES

1. Bring a copy of birth certificate and school report card containing birth date to check in, if your wrestler's age and proof of school district can be challenged. If you do not have proof of age or proof of school district then your wrestler may be disqualified from the tournament. A good way to handle this is to take a picture of the document so you have it on your phone whenever someone questions age and you do not have a sensitive document floating around.
2. Weigh-ins will be held at the tournament site. Anyone not arriving by the appropriate weigh-in time will be scratched. All wrestlers must wear singlets at weigh-ins! Clip your fingernails in advance! Nails should be short enough to not be felt when you push in on each finger end. If you have a skin condition, bring a note from the doctor that it is not contagious or you will be scratched!
3. You could wrestle around 2-5 times depending on how many wrestlers sign up.
4. Matches will run time listed above. We will have I.H.S.A.A. Certified Wrestling Officials. We will run I.H.S.A.A. Middle School Overtime 1 min. Neutral position 1st O.T. first takedown wins and if still tied 2nd O.T. :30 second ultimate tiebreaker. Decisions of the referee will be final. Use of headgear is optional but shoelaces must be taped to the shoe or secured by a locking device on the wrestling shoe in an acceptable fashion. Participants, parents and coaches will be disqualified and removed for swearing, throwing headgear, and unsportsmanlike conduct. All matches will be conducted under I.H.S.A.A. Middle School rules.
5. We will use full mats. Wrestling headgear not required!
6. Only 2 coaches in the corner in chairs coaching at all times! Only wrestlers and coaches, table workers and staff with a wristband on the gym floor!
7. Fit Courts and tournament staff will not be responsible for lost items or liable for accidents.
8. You can Double Bracketing for wrestlers!
9. No wrestling card needed for this tournament! Wrestlers can bring small coolers for drinks and snacks! Parents and fans can not bring in coolers!
10. Our goal is to run the most efficient tournament possible. You must have your Tournament Waiver and Injury/Illness Waiver filled out and signed to wrestle in the tournament.

PARKING

Plan A: Get there early and find a good spot in the main lot in front or behind the building. Parking in the main lot will fill up quickly at Fit Courts address 924 Viking Rd, Cedar Falls, IA 50613!

Plan B: Park in The Shirt shack business 2-3 min walk Address: 5936 Westminster Dr ste a, Cedar Falls, IA 50613.

Plan C: Standard Distribution Co. parking lot 3-4 min walk address 1109 Viking Rd, Cedar Falls, IA 50613.

Plan D: Prairie Lakes Park parking lot 10 min walk address Located off of Viking Rd look for sign.

CEDAR VALLEY FALL CLASSIC WAIVER AND INJURY/ILLNESS WAIVER

Waiver Release of Child(ren) by Parent/Guardian I, as the parent/legal guardian of _____, hereby grants permission necessary to allow the child to participate in the Wrestling Tournament to be held in the City of Cedar Falls. I, on my own behalf and on behalf of my child, further agree to release and to hold Steve Farrell, Fit Courts and the City of Cedar Falls, their respective directors, officers, representatives, members, agents, volunteers and employees harmless from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses arising out of or connected with the event, including any claim arising out of or connected with any illness or injury (minimal, serious or catastrophic and/or death) that my child may incur or sustain during the event, all activities associated with the event and while traveling to and from the event sites. Participation includes possible exposure to illness from infectious diseases including but not limited to MRSA, influenza, and Covid-19. While particular rules/protocols and personal discipline may reduce this risk, the risk of serious illness and death does exist. No one guarantees that you or your child(ren) will not become infected with Covid-19. The person(s) signing below voluntarily assumes this risk because s/he chooses or elects to do so. I further expressly agree to indemnify and hold harmless Steve Farrell, Fit Courts and the City of Cedar Falls, their respective directors, officers, representatives, members, agents, volunteers and employees against loss from any further claims, demand or actions that may be subsequently be brought by the child(ren) or by any other persons or the account of damages of any character resulting to the child(ren) in any way from the foregoing activities. I further agree to reimburse and to make good to Steve Farrell, Fit Courts and the City of Cedar Falls, their respective directors, officers, representatives, members, agents, volunteers and employees may have to pay as a result of any such action, claim or demand. I on my own behalf and on behalf of my child(ren) hereby warrant that I have read this liability release in its entirety and fully understand its contents. I, on my own behalf and on the behalf of my child(ren), am aware that this liability release absolves Steve Farrell, Fit Courts and the City of Cedar Falls, their respective directors, officers, representatives, members, agents, volunteers and employees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk for any injury, illness or Covid-19. I, on my own behalf and on behalf of my child(ren), have signed this document voluntarily and of my own free will.

Parents/Legal Guardian Printed Name _____

Parents/Legal Guardian Signature and Date _____

Participant Printed Name _____

Participant Signature and Date _____

Health concerns _____

Emergency Phone Number _____