

**PARKSTON**  
**YOUTH WRESTLING TOURNAMENT**  
*(AAU SANCTIONED- Sponsored by the Parkston Youth Wrestling Organization)*

Sunday, February 17, 2013

1:00 PM

NATIONAL GUARD ARMORY

**CHECK-IN:** Begins at 11:00 am. Wrestlers must be checked in no later than 12:15 pm  
*All wrestlers must show their AAU card in order to compete! NO EXCEPTIONS!!*

**PRE-REGISTRATION:** Complete and return the attached entry form along with the entry fee to: Heather Prunty  
603 N Lafayette St.  
Parkston SD 57366

Registration deadline: **February 15th, 2013.**  
Tournament is limited to the first 400 paid wrestlers.

**ENTRY-FEE:** **\$8.00 – NON-REFUNDABLE, must be prepaid**

**AGE-DIVISIONS:** Age attained in calendar year 2013  
(Example: If wrestler is currently 8, but turns 9 this year (2013) he will wrestle in 9-10 age group)  
6 & Under    7-8    9-10    11-12    13-14

**FORMAT:** 4 or 5-man bracket round robin, 3- 1 ½ -minute periods (individually timed), HS wrestling rules apply

**AWARDS:** 1<sup>st</sup> place trophy - 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> place medals

**ADMISSIONS:** \$5.00 adults          \$3.00 students          5 & under free

**CONTACT:** Heather Prunty (605) 770-7290 parkstonaau@hotmail.com  
(Please do not contact the Parkston School – we are an independent organization)

**NO COOLERS – CONCESSIONS WILL BE SERVED**

\*This event is sanctioned by the Amateur Athletic Union of the U.S., Inc.

\*All participants must have a current AAU membership.

\*AAU membership may not be included as part of the entry fee to the event.

\*AAU membership must be obtained before the completion begins.

**NOT RESPONSIBLE FOR ACCIDENTS**

**THIS FORM MUST BE COMPLETED WITH PARENT'S SIGNATURE, OR WRESTLER WILL NOT BE ALLOWED TO COMPETE.**

NAME \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE DIVISION \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ TOWN \_\_\_\_\_  
Month/Date/Year

I certify that \_\_\_\_\_ was born on the date stated. I give consent to compete in the Parkston Youth Wrestling Tournament. I hereby accept full responsibility for his/her behavior and participation. I agree not to hold the Parkston Youth Wrestling Organization responsible for liability that might occur during the event. I understand that the Parkston Youth Wrestling Organization is not carrying medical insurance for my child.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ PHONE # \_\_\_\_\_  
Date: \_\_\_\_\_