## VIRGINIA DUALS KIDS INDIVIDUAL NATIONAL CHAMPIONSHIP



## 12 JANUARY 2014 (SUNDAY)

## **HAMPTON COLISEUM**

1000 Coliseum Drive HAMPTON, VIRGINIA 23666



ALL REGISTERED WRESTLERS THAT WEIGH IN AT THE COLISEUM WILL RECEIVE A FREE PASS SATURDAY TO WATCH THE 2014 VIRGINA DUALS

STYLE: FOLKSTYLE

FORMAT: DOUBLE ELIMINATION. NO SEEDING, WRESTLEBACKS FOR TRUE SECOND.

WRESTLING WILL BE CONDUCTED ON 10 MATS.

DIVISIONS: K-2: 40, 44, 48, 52, 56, 60, 64, 68, 72, AND OVER 72

3-5: 48, 52, 56, 60, 64, 68, 72, 76, 80, 84, 88, 92, 96, 105, AND OVER 105 6-8: 70, 75, 80, 85, 90, 95, 100, 105, 110, 115, 120, 125, 130, 135, 145, 165,

185, AND OVER 185

SCHEDULE: 9:00AM FIRST ROUND FOR K-2 & 3-5 DIVISIONS.

12:00PM FIRST ROUND FOR 6-8 DIVISION.

REGISTRATION & PAYMENT: ON LINE AT: <a href="http://d5reg.thepaperlesstourney.com/">http://d5reg.thepaperlesstourney.com/</a>

DEADLINE FOR REGISTRATION IS Thursday, JAN. 9th AT MIDNIGHT(You must be

registered to weighin. No registrations excepted at weighins)

WEIGH-INS: SATURDAY, 11 JAN 2014 AT THE HAMPTON COLISEUM

12PM-5PM WEIGH-INS & SKIN CHECKS FOR ALL AGE GROUPS

SATELLITE WEIGH IN TIMES WILL BE FROM 3-5 PM SATELLITE WEIGH IN LOCATIONS.....AS FOLLOW

VIRGINIA TEAM PREDATOR, RANGER WRESTLING CLUB, LEESBURG (NOVA)TALLWOOD HS, YOU MAY

BUMP UP A WEIGHT CLASS IF YOU DO NOT MAKE YOUR REGISTERED WEIGHT

(WRESTLERS MUST WEAR A SINGLET TO WEIGH IN. NO WEIGH INS WILL OCCUR ON SUNDAY!)

ENTRY FEE: \$35.00 FOR PARTICIPANTS, SPECTATOR ADMISSION FEE IS \$10.00 does not include

**Hampton Coliseum service charge** 

NO CARD REQUIRED THIS EVENT IS PRIVATELY INSURED, BRING YOUR SIGNED LIABILITY WAIVER

AWARDS: OUTSTANDING CUSTOM MEDALS FOR 1<sup>ST</sup> – 6<sup>TH</sup> PLACE,

CONCESSIONS: WILL BE AVAILABLE (NO COOLERS WILL BE ALLOWED)

HOTELS: SEE ATTACHED HOTEL LIST FOR SPECIAL EVENT RATES

COACH FEE: \$10.00: COACHES MUST PRESENT A 2014 USAW or AAU COACHES CARD TO GET A

FLOOR PASS TO COACH MAT SIDE. USAW BRONZE CERTIFIED COACHES

**ADMITTED FREE** 

TOURNAMENT DIRECTOR: RODNEY GRAINGER, 757-286-7982 or vaaauwrestling@aol.com

| Waiver and Release from Liability  |   |              |  |  |  |  |
|--|---|--------------|--|--|--|--|
| 1. I,  |   |              |  |  |  |  |
| 2. Releaser understands and acknowledges that Virginia Duals sponsored activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any Virginia Duals sponsored event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.   |   |              |  |  |  |  |
| 3. Releaser acknowledges and fully understands that each participant in any Wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time. |   |              |  |  |  |  |
| I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.   |   |              |  |  |  |  |
| (Participant's Signature)  | (Date)  | (Print Name) |  |  |  |  |
| The undersigned,legal guardian of<br>of the above stated waiver and release.   | does hereby represent that he/she is, in fact, the parent or and acting in such capacity agrees to the terms and conditions |              |  |  |  |  |
| (Signature of parent or legal guardian)  | (Date)  | (Print Name) |  |  |  |  |

(Relationship to minor)