

**Tech Squad Fall Club Duals**

at Top of the Podium

**Date:** September 28th

**Location:** 310 Glenn Dr. Sterling, VA 20164

**Friday check-in and weigh-ins:** 6-7 PM September 27th

**Saturday check-in and weigh-ins:** 7-8 AM September 28th

**NO SATELLITE WEIGH-INS**

**Wrestling begins:** 10 AM

**Rules**

 4-5 Duals per Team

Each full team must provide a table worker

Wrestlers must present a valid USAW card

A liability form (below) must be completed for each wrestler

Coaches must hold a valid USAW coaching card

A full team is 14 plus 3 alternates

**Team Registration**

**Email Team Entry form to keel@techsquadwrestling.club**

**Due ASAP - $250 Make Checks out to Top of the Podium
Or pay with PayPal to 540-303-1280 or Venmo @Matt-Keel-3**

**Weight classes:**

High School Division (Grades 8-12) No Graduated Seniors +3 lb weight allowance

106, 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220, 285

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight Class: \_\_\_\_\_School/Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LIABILITY RELEASE**

I, the undersigned, individually and as a parent/guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a minor, ask that he/ she be admitted to participate in the above Top of the Podium sponsored event. I do hereby agree to release, discharge and hold harmless the Top of the Podium, Tech Squad Wrestling Club, and the Loudoun County and Fairfax School Districts, their agents and employees of and from all causes, liabilities, and damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor’s attendance at the sporting event or in the course of competition held in connection with this event. I also give permission for my child’s photograph to appear in promotional material regarding this event.

Parent/ Guardian Signature Required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

Entries can also be mailed to: Matt Keel – 2155 Veenendaal Ct. Herndon VA 20170 – 540-303-1280

Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Head Coach: | Cell# | Email: |
| Asst Coach: | Cell# | Email: |
| Asst Coach: | Cell# | Email: |

|  |  |  |
| --- | --- | --- |
| Class | Skill Level | Wrestler |
| 106 |  |  |
| 113 |  |  |
| 120 |  |  |
| 126 |  |  |
| 132 |  |  |
| 138 |  |  |
| 145 |  |  |
| 152 |  |  |
| 160 |  |  |
| 170 |  |  |
| 182 |  |  |
| 195 |  |  |
| 220 |  |  |
| 285 |  |  |
| Alt |  |  |
| Alt |  |  |
| Alt |  |  |