

USA Wrestling Middle & Elementary Folkstyle National Championships Qualifier Waiver

Wrestler Name: _____

Club: _____

USA Card: _____ Date of Birth: _____

GA Grind Age Divison: _____ GA Grind Weight Class: _____

Placed at GA Grind: 1st 2nd 3rd 4th

Are you registered for the USA Wrestling Middle & Elementary Folkstyle National Championships Y or N Age Divison: ES or MS Weight Class: _____

If you are not registered for the USA Wrestling MS & ES Folkstyle National Championships, this form is not Valid.

GA Kids State Championship Age Division: 8U 10U 12U 14U

GA Kids State Championship Weight class: _____

Parent Name _____

Email: _____

Phone: _____ Cell: _____

Parent or Guardian signature: _____

____-by initialing this box and signing above, I agree that my wrestler listed above has placed (1st-4th) in the GA Grind on 2-14-10 in a weight class immediately above or below the GA Kids state weight class and will be attending and wrestling at the USA Wrestling Middle & Elementary Folkstyle National Championships and will wrestle with in the weight class immediately above or below the weight class in the GA State tournament. I further understand that if the wrestler listed above does not wrestle in the ES & MS Folkstyle National Championships, they forfeit their spot in the GA Kids State brackets. I also understand that the wrestler above will be placed in the GA Kids State tournament bracket via blind draw in the weight class on this form.