

Mental Aerobics Wrestling Championship



5th Annual



March 17th, 2012

RCTC Regional Performance Area - Rochester, MN

- Weigh-ins/skin check -TBD
- Wrestling Starts -TBD
- Finals 4pm (Subject to change)
- 16 man brackets
- 98 pound (scratch weight)
- Standard weight classes (3 pound allowance)

Fees: Athlete: \$25 Coaches (2/athlete): \$20 each Adult Fans: \$12 Fans 5-12: \$5

The mission of this tournament is:

...to present the best tournament with wrestlers from various divisions and states. This tournament will benefit those who will be wrestling by challenging them as they have never been challenged. It will also benefit the less fortunate wrestlers who have been or are being challenged off the wrestling mat.

Kids Wrestling for Kids in Need

All donations are appreciated as proceeds will be used to help wrestling families in need.

Check www.mentalaerobics.us for updates closer to event date

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2012 MAWC Wrestlers Information

Complete the following information and send to:

Jim Richardson, Mental Aerobics, 317st 1st Street NW, Grand Meadow, MN 55936

Along with \$25 Check made to Mental Aerobics Charities

Due March 14, 2012

Athletes Name _____ Print _____ Club/School _____

_____ *Athlete's Signature _____ Date signed _____

Add/City/ _____
State/Zip _____ DOB _____

Home Phone # _____ Cell Phone # _____ Grade _____

Parent/ _____
Guardian _____ Print _____

_____ *Parent/Guardian Signature _____ Date signed _____

E-mail _____

Circle weight (pounds): 98(scratch), 106 , 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220 and 285
(2lb MHSL growth allowance and MAWC 3 pound allowance= total of 5lb allowance)

Season record to date _____ Career record _____ to date _____ HS State Placing _____

Season falls to date _____ Career falls to _____ date _____ HS Section _____
Placing _____

USA Nationals, NYWA, MN/State Placing _____

List any tournament championships or placing that may benefit your resume:

Athletes Medical Insurance Company _____

Medical Insurance Policy Number _____

Family Doctor _____ Preferred Hospital _____

Family Doctor's Phone Number _____

Allergic to: _____ List drugs and non-drugs that the athlete is allergic to.

In completing this entry form, I verify that the athlete listed above is eligible to compete in the 2012 Mental Aerobics Wrestling Championship. Upon your acceptance of this entry form, I, my heirs, executors and administrators, intending to be legally bound hereby, waive and release any and all rights I may have against the Mental Aerobics Charities, the Host organization and their representatives from any and all injuries suffered by the coaches and/or athletes at the specified event. I will also abide by the Mental Aerobic Charities Code of Conduct. I understand the athlete listed above needs to have medical insurance to participate in the 2012 MAWC.