



GREENE'S Bob Carlin Annual WRESTLING TOURNAMENT
Sunday, January 17, 2010
Format -5 Man Round Robins

Limit first 350 wrestlers

*****PRE-REGISTRATION ONLY*****

ALL REGISTRATIONS MUST BE RECEIVED NO LATER THAN Thurs. Jan 14th

WALK IN REGISTRATION WED. Jan 13th 6:00 PM -7:30PM

GREENE HIGH SCHOOL CAFETERIA

NO entries accepted after Thursday Jan 14, 2010 at 12:00 Noon.

Registration fee = \$20.00. Must fill out registration form completely

Wrestling to be held in the Greene High School Gym, 40 South Canal St Greene NY.

RULES:

1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlet and headgear preferred (no loose clothing).
4. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).
5. No JV or Varsity experience.
6. Wrestlers may compete in only one division and weight class.
7. Criteria for 1st, 2nd, 3rd and 4th places:
 - 1st criteria: won/loss record
 - 2nd criteria: head-to-head winner
 - 3rd criteria: # of pins
 - 4th criteria: total points
 - 5th criteria: total takedowns

AGE AS of January 17th, 2010: Proof of age required if contested and agreed upon by the tournament director. Each weight class is made up of 3 to 5 wrestlers, whose ACTUAL weights are closest to each other, taking into account last year's record/past honors. Coaches must do their own weigh-ins and ACTUAL weight must be put on registration form.

NOTE: Tournament director reserves the right to combine or eliminate weight classes.

TROPHIES 1ST, 2ND medals 3rd, 4th, 5th

COST \$20.00 PER WRESTLER Pre registration only

MAKE CHECKS PAYABLE TO: GREENE WRESTLING CLUB

SEND TO: GREENE WRESTLING CLUB

P.O. BOX 533, GREENE, NY 13778 or Tim Jenks Greene Middle school 40 South Canal St Greene NY 13778

MUST BE RECEIVED NO LATER THAN Thursday Jan 14th post marked Jan 12th

FURTHER INFORMATION CONTACT: Dave Castle 656-8384, Tim Jenks 648-3311

Tom Stanbro – 656-9915

No fax INS, no calls please, this tournament will be set to go Sunday at 9:00 A.M.

No shows, will not receive money back

-----WRESTLER ENTRY FORM-----

NAME _____ DATE OF BIRTH _____ AGE _____

Actual weight WGT _____ ADDRESS _____

SCHOOL OR CLUB _____ SEEDING INFORMATION 2009-2010 RECORD _____

2008 – 2009 record _____

HONORS OR TOURNAMENT INFORMATION _____

Use back if necessary

IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I HEREBY, FOR MY CHILD, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE VILLAGE OF GREENE, THE GREENE WRESTLING BOOSTER CLUB, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GREENE SCHOOL DISTRICT AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL TAKE ALL RESPONSIBILITY FOR ANY AND ALL DAMAGES DONE BY MY CHILD AT SAID TOURNAMENT. I ALSO UNDERSTAND THAT MY CHILD MUST BE COVERED BY A HEALTH/INJURY POLICY AS REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

PARENT'S SIGNATURE _____ DATE _____

\$20.00 ALL ENTRIES MUST BE RECEIVED BY Jan 14th postmarked Jan 12th

