

**2018 CANTON  
YOUTH WRESTLING TOURNAMENT  
ROUND ROBIN TOURNAMENT - PRE-REGISTRATION REQUIRED**

Come to the North Country and Stay for a Full Weekend of Wrestling  
Ogdensburg Tournament 3/17 & Canton Tournament 3/18

Date: Sunday March 18, 2018

Location: Canton High School, 99 State Street, Canton, NY 13617

Contact: Mike Haycook [mhaycook2@gmail.com](mailto:mhaycook2@gmail.com) or 315-212-1440

Entry Fee: \$25 Fee and must have NYWAY card ([www.nyway.org](http://www.nyway.org))

Divisions: D1 6-Under                      D4 11-12  
              D2 7-8                         D5 13-14  
              D3 9-10

Rules: Modified HS rules in effect. Length of each match will be:  
D1 – D3 (3) 1 minute periods  
D4- D5 (3) 1:30 minute periods  
Sudden victory overtime if needed

Wrestlers will be bracketed in 4 or 6 man round robin format using the weight you provide, 12% rule will be in effect. Where 4 or 6 wrestlers are not available, we will go with as many as possible.

Awards: Top 4 place finishers will receive an award

Time: Registration between 8:00 & 9:00 am. Wrestling to start by 10:00 am  
We will use the honor system on weigh-ins. Please remember this is a Pee Wee tournament. Remember what we are trying to teach our kids about honor & fairness.

THIS IS A PRE-REGISTRATION TOURNAMENT, NO EXCEPTIONS.  
ENTRY FORM AND FEE MUST BE RECEIVED BY THURSDAY MARCH 15, 2018  
Make Checks Payable to: Canton Boosters  
Mail registration to: Mike Haycook, 126 Howardville Rd, Canton, NY 13617

In consideration of this entry form being accepted, I hereby for my son / daughter and myself waive and release any and all rights and claims for damages I have against the Canton Boosters Club, Canton Pee Wee Association, Canton Central School District and any affiliates and representatives / volunteers for any and all injuries, losses or damages suffered by my son / daughter and myself at said wrestling tournament.

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

Age \_\_\_\_\_ Weight \_\_\_\_\_ Ability: Novice or Experienced NYWAY# \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_ Phone \_\_\_\_\_