

Dolgeville Youth Wrestling Tournament
6 Man Round Robin Tournament (Pre-Registration Required)

DATE: Sunday, January 28, 2018

LOCATION: Dolgeville Central School, 38 Slawson St., Dolgeville, NY 13329

WEIGH-INS/CHECK-INS: All wrestlers must check-in between 7 am and 8:15am

There will be NO weigh-ins to start the tournament.

Please provide **actual weight** to allow us to group wrestlers before tournament.

Wrestler's weight may be challenged during the first round of tournament.

Wrestler must be within 2 lbs. of weight listed on entry form.

****There will be random weight checks at check in.**

DIVISIONS: YOUTH: (6 and under)
BANTAM: (7-8 yrs)
MIDGET: (9-10 yrs.)
JUNIOR: (11-12 yrs.)
INTERMEDIATE: (13-14 yrs.)
WRESTLING BEGINS: 9 am

ENTRY FEE: \$25.00

REGISTRATION: Pre-Registration & Payment required by January 23, 2018- No Walk Ins- No refunds
You must pre-register for tournament. If you do not pre-register, you do NOT wrestle.
(LIMITED TO FIRST 300 WRESTLERS)

PAYMENT: Make Checks Payable to: Dolgeville PeeWee Wrestling
SEND TO: Jeremy Calkins 169 Kilts Hill Road, Little Falls, NY 13365

WRESTLING RULES:

- 6 man Round Robin where possible (weights can be combined up to 10%).
- Bout length 1, 1, 1 (1st point scored in overtime wins)
- **TIE BREAK:** Wins/losses, Head to head, Total pins, Total takedowns, Total points scored.
- Everyone must have proof of age if challenged, including person challenging.
- Wrestlers can pay to wrestle in 2 divisions but not in 2 weight classes in the same division.
Wrestlers competing in more than 1 division will forfeit the 45 min rest period.
- NO VARSITY OR JV EXPERIENCE ALLOWED.

ADMISSION FEE: Adults: \$2.00 Students/Children: Free

REFRESHMENTS: Snacks and drinks will be available for purchase.

INFORMATION: Any questions, please contact: Jeremy or Mary Calkins (315) 264-9656
or email: jcalkins@dolgeville.org / mcalkins2009@gmail.com

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

AGE(as of 1/28/18) _____ PHONE: _____

DIVISION: _____ ACTUAL WEIGHT: _____

SCHOOL OR CLUB: _____

Years of Experience: _____

E-MAIL: _____

In consideration of this entry being accepted, I hereby release the Dolgeville Youth Wrestling Club, Dolgeville Central School District, coaches and tournament officials from any and all claims, liabilities, and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Dolgeville Youth Wrestling Tournament.

I have insurance coverage for the wrestler.

Signature of wrestler: _____ Date: _____

Signature of parent/guardian: _____ Date: _____