

GREENE'S BOB CARLIN ANNUAL YOUTH & HIGH SCHOOL WRESTLING TOURNAMENT

4-6 Man Round Robin Format

Saturday, February 23, 2019

Greene High School Gymnasium, 40 South Canal Street, Greene, NY

Limit first 350 pre-registered/paid wrestlers

Admission: \$3 for adults; \$2 for students; free for children under 5
Concessions available all day

Check-In 7:00-8:00 a.m.

Weight Verification 7:00-8:30 a.m.

Wrestling to begin at 9:30 a.m.

Age Divisions: 6&U, 7&8, 9&10, 11&12, 13&14 (no JV/Varsity exp.), JV/Varsity

Each weight class is made up of 4-6 wrestlers, whose registered weights are closest to each other (10% maximum difference), taking experience and record into account. Tournament director reserves the right to combine or eliminate weight classes. **WEIGHTS WILL BE CHECKED.** All wrestlers must be within 2 lbs of registered weight or they will be disqualified without refund. **NO EXEPTIONS** and **NO CHANGES** after the registration deadline. Proof of age, as of February 23, 2019, required if contested. Wrestlers may enter more than one age division, but only one weight class per division - minimum rest periods between matches waived. Only coaches and on-deck wrestlers will be permitted on the mats. We ask that all spectators, including wrestlers resting between matches, remain in the bleachers.

Individual Awards: Tournament champion t-shirt & medal for 1st place, trophies for 2nd-4th, medals for 5th & 6th

Team Awards: Trophies for top 3 teams (One roster of up to 10 unique wrestlers age 12 & under; filled out at start of tournament)

Make Checks Payable To: GREENE WRESTLING CLUB (\$25.00 per entry)

Mail To: Stan Fendryk, 471 County Road 9, Chenango Forks, NY 13746

Email: GreeneNYWrestling@gmail.com [Please include all information requested on entry form if registering via email, including actual weights –wrestlers will be disqualified if >2 lb over, no exceptions or changes]

All Registrations Must Be Received No Later than Wednesday, February 20th at 8:00 p.m.

NO WALK-INS and NO REFUNDS

----- ENTRY FORM -----

NAME _____ DOB _____ AGE _____ DIV _____ WEIGHT _____

ADDRESS _____ PHONE _____

SCHOOL/CLUB _____

CURRENT SEASON RECORD: **A** – more wins than losses **B** – about same # wins/losses **C** – more losses than wins/no experience
(Circle the letter corresponding to skill/experience level)

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 _____

ALL REGISTRATIONS MUST BE RECEIVED BY Wednesday, February 20th at 8:00 p.m.