



**Glens Falls**



## **Youth Wrestling Tournament**

**\*\*\*\*\*PRE-REGISTRATION ONLY VIA PAYPAL OR MAIL IN\*\*\*\*\***

**When:** Sunday January 27th, 2019

**Where:** Glens Falls High School (10 Quade St, Glens Falls, NY 12801)

**Time:** Check in 8:00 – 9:00 (must check in by 9:00 or you will be scratched)  
Coaches Meeting 9:00 – 9:30

Wrestling starts at 10:00 - 2 Gyms! All divisions start @ same time

**Cost:** \$25.00 entry fee – **No REFUNDS!**

**Pre-Reg: All registrations must be received by 01/24/19 (NO WALK-INS)**

- E-mail form to [gfyouthwrestling@yahoo.com](mailto:gfyouthwrestling@yahoo.com) and submit payment via PayPal (note wrestlers name) to [wayne.hayes@ymail.com](mailto:wayne.hayes@ymail.com)  
OR
- Mail check and registration (payable to Glens Falls Wrestling) to Glens Falls Middle School, 20 Quade St., Glens Falls N.Y. 12901 Attn: Dan Perry

**Wrestler Eligibility:** Any wrestler who has competed at the Junior Varsity or Varsity Level is NOT eligible for this tournament.

**Awards:** Champion T-Shirt, Medals for 1st – 4<sup>th</sup> Place

**Matches:** High school rules in effect.

Three - One minute periods.

High school rules will be followed for overtime.

**\*\*\*NYS Certified referees will be used\*\*\***

Division	I	II	III	IV	V
Age	5-6	7-8	9-10	11-12	13 – 14

**Glens Falls Wrestling Club will be selling food and beverages throughout the day.**

*Parents, please make every effort to enforce and model good sportsmanship. We are enforcing this expectation for spectators and competitors to ensure an enjoyable experience for everyone.*

Contacts: Wayne Hayes at [gfyouthwrestling@yahoo.com](mailto:gfyouthwrestling@yahoo.com) or Dan Perry at [DPerry@gfsd.org](mailto:DPerry@gfsd.org)

**Glens Falls Youth Wrestling Tournament – Sunday, January 27th, 2019**  
**Official Entry Form**

Division _____	Weight _____	PD _____
<b>LEAVE THIS BOX BLANK</b>		

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ Parent email: \_\_\_\_\_

**ACTUAL WEIGHT:** \_\_\_\_\_ **Weights can be spot checked prior to 2<sup>nd</sup> Round**

SCHOOL DISTRICT OR TEAM REPRESENTING \_\_\_\_\_

GRADE \_\_\_\_\_ COACH \_\_\_\_\_ Parent \_\_\_\_\_

I hereby release the Glens Falls Wrestling Club, the Glens Falls City School District, the tournament officials and the referees from any and all claims regarding any accident, injury, illness or liability that may be caused in conjunction with this tournament, and I will be responsible in-full for the health, safety, and welfare of my child.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Pooling information: please provide pertinent prior wrestling experience (that is: tournament honors and awards, years of experience, etc.). Also include an overall rank (see scale below).

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Overall Rank: \_\_\_\_\_

**Leaving this blank will result in being put with the stronger competition.**

A - Experienced and skilled wrestler for age

B - Some experience, good athlete, basic skills

C - **Novice** level for skills, **little experience** with competition