



**Saturday, March 23<sup>rd</sup>**

## **AVERILL PARK HIGH SCHOOL**

**146 Gettle Road  
Averill Park, New York**

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**Entry Fee:** \$25 (make checks payable to Averill Park Wrestling Association)

**Time: Divisions I, II, III** – register/weigh in 7:00-8:30AM

**Divisions IV, V** – register/weigh in 10:00-11:30AM

Wrestling will start at the conclusion of seeding for both divisions.

**Age Divisions:** I (6 and under) II (7 to 8 years old) III (9 to 10 years old)  
IV (11 to 12 years old) V (13 to 15 years old, no 10th graders)

Any wrestler who has **not** wrestled Varsity or JV is eligible. Bring proof of age such as a copy of birth certificate, school ID or other valid form. Wrestler's age will be determined by his or her age the day of the tournament

**Rules:** Three (3) one-minute periods. Overtime will be one (1) minute neutral or first point scored. Double overtime will be 0:30 ride out based on coin flip. NYS Refs for all but Division I

**Format:** Madison Weights. Wrestlers will be grouped into ROUND ROBIN groups based on weight and experience.

**Awards:** Top 3 wrestlers in each division will receive awards. Champions will also receive a tee shirt.

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## Directions to Averill Park High School

From Interstate 90 take exit 8 (Defreestville Route 43). Cross Route 4 Continue onto Route 43 East for approximately 5 miles to the intersection of Routes 43 & 150 (traffic light). Continue on Route 43 East for approximately 2 more miles. Take a left onto School Road. (There is a sign and on the right is a Sunoco gas station). The High School is straight ahead. The entrance road to the athletic facilities is located on the right when facing the building.

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### OFFICIAL ENTRY FORM

Name \_\_\_\_\_ Age \_\_\_\_\_ Division \_\_\_\_\_

CLUB/School \_\_\_\_\_ Grade \_\_\_\_\_ Coach \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

#### Release of Liability

I hereby release the Averill Park School District and the Averill Park Wrestling Association, Tournament officials and referees from any and all claims regarding an injury or illness that may be caused in conjunction with this tournament. I will be responsible in full for the welfare of my child.

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

#### Please provide pertinent prior wrestling experience.

Years' Experience \_\_\_\_\_

Please Rank Your Wrestler (circle one)

- A- Advanced - wrestled and placed in several tournaments/ member of super club
- B- Intermediate – has wrestled in a few tournaments, but placed low
- C- Improving – may be one of the first events. Has not placed in a tournament

Tournament Place Finishes: