



40th ANNUAL NORWICH JUNIOR WRESTLING TOURNAMENT

Sunday, February 17th, 2019

Norwich High School - 89 Midland Drive, Norwich NY 13815

Registration: Forms **due Thursday February 14th, 2019 by Midnight** – Mail or Email.
Mail: Norwich Wrestling C/O Matt Telesky, 351 Manley Road Norwich, NY 13815
Email: norwichpeewewrestling@gmail.com Questions Contact Matt Telesky – (607) 226-4407
ABSOLUTELY NO WALK-INS

Entry Fee: Participants - \$25.00
Make Checks payable to: Norwich Wrestling Booster

Spectators – Adults - \$3.00; Students - \$2.00; 5 and Under - Free

Time: Check in by 8:00AM. Wrestling will begin at approximately 9:00AM

Format: 4-6 Man Round Robin
Madison Style – Honor Weights – Random Weight Checks*
**Must be within 2 pounds of weight on registration or will result in disqualification without refund.*

Ages: Pee Wee Jr (6 & Under), Pee Wee (7&8), Midget (9&10), Intermediate (11&12),
Junior* (13&14), Senior* (13-18). Age as of February 17th, 2019.
** No JV or Varsity Experience, Must be enrolled in school to participate.*

Rules: NYS Modified High School Rules – All Referee calls are final.
Bout Length: 1 minute; 1 minute; 1 minute.
Seniors: 1 ½ minute, 1 ½ minute, 1 ½ minute.
Sudden Death Overtime: All ages: Neutral; 1st take down wins. 1 minute, then 30 second ride out

Criteria: 1st – Win/Loss Record. 2nd – Head to Head Winner. 3rd – # of Pins. 4th – Total Points.

In consideration of the entry being accepted, I hereby waive, release and remise the Norwich City School, the City of Norwich, the Junior Wrestling Club, the tournament officials, coaches or any personnel associated directly or indirectly from training for, traveling to and from, or attending or competing in the aforementioned tournament. Bad sportsmanship or bad conduct from a wrestler, parent, coach or spectator may result in being asked to leave the tournament facilities. I also will take 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 insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury policy.

PARENT/GUARDIAN SIGNATURE: _____ Date _____

Name _____ Division _____ Age _____

Grade _____ Address _____ Phone _____

School/Club Affiliation _____ Years of Experience _____

Team Trophies for 1st, 2nd and 3rd. Awards for all Participants

PLEASE LEAVE BLANK: DIVISON _____ GROUP _____