

Randy Sweet Sr. Memorial Youth Wrestling Tournament 2018



Where: South Glens Falls High School
42 Merritt Road South Glens Falls, New York 12803

When: Saturday, February 17, 2018.

Divisions: Age as of day of tournament Division I -Ages 5 & 6, Division II -Ages 7 & 8, Division III - Ages 9 & 10, Division IV -Ages 11 & 12, Division V -Ages 13 & 14, Proof of age required if contested and agreed upon by the Tournament Director. Each weight class is made up of 4 to 6 wrestlers whose ACTUAL weights are closest to each other.

Weight Classes: To be determined after weigh-ins

Spectators: Free

Experience: None needed; However, No past JV or Varsity experience permitted.

Entry Fee: \$30.00 (Cash or Checks made out to South Glens Falls Booster Wrestling)

Awards: Awards will be Given for 1st - 4th Place

Digital Form Available:

<https://sites.google.com/a/sgfcsd.org/wrestling/sgf-hosted-tournaments/andy-sweet-youth>

Divisions I, II and III	Times	Divisions IV and V	Times
Registration / Weigh-ins	7:30 am - 8:30 am	Registration / Weigh-ins	11:00 am - 12:00 pm
Seeding Meeting	8:30 am - 9:30 am	Seeding Meeting	12:00 pm - 1:00 pm
Wrestling Begins	9:30 am	Wrestling Begins	1:00 pm

Rules: 1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute. 2. Singlet and headgear preferred (no loose clothing). 3. Sudden Death Overtime: All age groups (1 minute, then 30 seconds). 4. No JV or Varsity experience. 5. Criteria for 1st, 2nd, 3rd, and 4th places: 1) win/loss record, 2) head-to head winner, 3) # of pins, 4) total points, 5) total takedowns

Contacts: Michael St. Louis at stlouism@sgfcsd.org or Charles Dickens at dickensc@sgfcsd.org

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WRESTLERS NAME _____

DIVISION _____

ACTUAL WEIGHT _____

STREET ADDRESS _____

STATE _____

ZIP CODE _____

PHONE# _____

AGE _____

BIRTH DATE _____

SCHOOL/CLUB _____

YEARS Exp. _____

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 South Glens Falls Schools or the South Glens Falls Wrestling Program, its agents, representatives, successors, The South Glens Falls School District and assigns for any and all injuries suffered by my child at said tournament. 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.

PARENT'S SIGNATURE: _____

DATE _____



