

Waverly Youth Wrestling

Open 5-man Round Robin Tournament

LOCATION: Waverly High School, 1 Frederick St., Waverly, NY **(Please do NOT send registrations here)**

DATE: February 17, 2019

REGISTRATION: Registrations must be mailed to **PO Box 331, Waverly, NY 14892** or received via the email below by **February 14, 2019 @ 5:00 p.m.** No Refunds. Late entries and walk-ins **will not** be accepted to ensure wrestling starts on time. Team rosters may be emailed to the email address provided below.

TIMES: Doors open at 7:30 a.m. with check-in running from 7:30 a.m. – 8:30 a.m.
Wrestling starts at 9:30 a.m.

ENTRY FEE: **\$25.00 per wrestler**
Make checks payable to: **Waverly Wrestling Club**

ADMISSION: Adults \$5.00 Students \$2.00 Pre-school and Senior Citizens - FREE

DIVISIONS: 6 & Under, 7&8, 9&10, 11&12
Wrestler's age as of February 17, 2019. Wrestlers may only participate in one age division.
Each bracket will be grouped by actual weight.
Tournament directors reserve the right to eliminate or combine any age groups or weight classes as deemed necessary. Combination of weights will be done within approximately 10%, unless otherwise approved by coaches and wrestlers prior to tournament.

RULES: Period times are 1-1-1. Overtime rules (1 min SV, 2 – 30 sec TB periods, then UTB).

WEIGH-INS: We will use the honor system for age and weight. Remember teaching your wrestler honesty is more important than any youth wrestling award.

CHALLENGES: Challenges will be handled at the discretion of the tournament director. All challenges must be done in the first round and both wrestlers must weigh in and be within 2 pounds of the listed weight on the form or they will be disqualified with no refund.

AWARDS: **Champion T-shirt and Medal for 1st place finisher. Medals for 2nd– 5th place finishers.**
Placing criteria will be based on win/loss record, head-to-head winner, # of pins, total points, total takedowns, then total penalties.

CONCESSIONS: Food, beverages, and snacks will be available all day.

Questions/Team Roster may be directed to: Vince Thorp at (607) 425-7492 or email
waverlywrestlingtournament@gmail.com

Name: _____ Birth Date: _____

Division: _____ Age: _____ Actual Weight: _____

Last Year Record: Wins _____ Losses _____ Years Exp _____

Address: _____ State: _____ Zip: _____

Phone: _____ Team (Club) _____

I certify the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release any and all rights and claims for damage I may have against the Waverly Wrestling Club, Waverly Central Schools, officers and employees, tournament committees and officials and referees from any and all liability for any injury suffered by myself or the wrestler directly or indirectly as a result of this tournament.

Parent/Guardian Signature: _____ Date: _____