



BGA BEARS YOUTH WRESTLING TOURNAMENT

DATE: Saturday, February 18th 2023 **TIME:** Check-in: 7am-8am **STRICTLY ENFORCED**
PLACE: Bainbridge-Guilford High School, 18 Juliand Street Bainbridge, NY 13733

REGISTRATION: Pre-registration ONLY. NO WALK-INS! **REGISTRATION DEADLINE:** February 15TH @6PM

Mail Registration form and entry fee to: Andy Carr (607)226-4660
943 Gospel Hill Road
Guilford, NY 13780

**LIMITED TO FIRST
FIRST 350 PAID
WRESTLERS**

Make checks payable to: BGA Youth Wrestling

Completed team rosters may be emailed to: bgabearsyouthwrestling@gmail.com

WEIGH-INS: Honor weigh-ins. There will be random weight checks. Any wrestler exceeding 2lbs of registered weight will be disqualified without refund; \$25 to challenge.

ENTRY FEE: \$30 per wrestler/per division

ADMISSION: \$3.00 per adult, \$1.00 per student, under 6 free.

RULES: 4-6 Man Round Robin (whenever possible)

NYS High School modified rules, bout time 1min-1min-1min for all divisions. Overtime is 1-minute sudden death followed by one 30 second ride out if needed.

CRITERIA: 1) Won/loss record 2) Head-to-head winner 3) Number of pins 4) Total points scored
5) Total takedowns

AWARDS: 1ST-6TH Place awards will be given out. 1st-3rd place for teams will be awarded. Team rosters will be 2 wrestlers from each division.

DIVISIONS: 6&UNDER, 7&8, 9&10, 11&12, 13&14

*Wrestlers may compete in 2 divisions; however, if competing in 2 divisions wrestlers may forfeit rest period between matches. Wrestlers may not compete in 2 brackets in the same division. Two separate entry forms with registration fees must be completed.

NYS CERTIFIED OFFICIALS

Wrestlers will be grouped based on AGE, WEIGHT, and EXPERIENCE (tournament committee has the right to combine or eliminate weight classes).

WRESTLER NAME: _____ AGE: _____ DOB: _____ DIVISION: _____

ADDRESS: _____

SCHOOL/CLUB: _____ *WEIGHT: _____ EXPERIENCE LEVEL: **Advanced/Average/Beginner**

(Experience level must be circled, or wrestler will be placed in highest bracket)

I hereby agree to release Bainbridge-Guilford Central School District along with any representatives and BGA Youth Wrestling along with any representatives, from any and all liability as a result of any injuries or loss of property or belongings while traveling to, from, or while attending the BGA Youth Wrestling Tournament.

PARENT NAME: _____ PHONE#: _____

PARENT SIGNATURE: _____ DATE: _____

TOURNAMENT INFORMATION:

Andy Carr (607)226-4660 or Cef Martinez (607)591-7148