

JOEY EISCH MEMORIAL YOUTH WRESTLING TOURNAMENT "KING OF THE MAT"



Date: Sunday – February 12, 2023

Location: Sandy Creek High School – 124 Salisbury St., Sandy Creek NY 13145

Weigh-Ins: 7:30-8:30 AM *Start Time: 9:00 AM*

**Wrestlers will weigh-in the morning of the tournament. If the wrestler exceeds his/her registered weight by more than 1 lb. they will be disqualified. Brackets will be made and posted prior to the tournament.*

Entry Fee: \$40 Registration Fee.

Registration: Fill out and mail entry form with payment to:
Sandy Creek Youth Wrestling - 5979 South Main Street, Sandy Creek, NY 13145

Payment payable to Sandy Creek Youth Wrestling

Coaches ONLY can sign up as a team via e-mail SandyCreekYouthWrestling@yahoo.com

Registration DEADLINE: Friday, February 10th, 2023 @ 11:59 pm

NO WALK-INS – NO REFUNDS

Limit: 300 Wrestlers



Verify you are signed-up by checking our Facebook Page here:



Divisions: By Year / D1: 2016-2017 D2: 2014-2015 D3: 2012-2013 D4: 2010-2011 D5: 2008-2009

Rules: 6-Man Round Robin, Madison (12% rule) style pairing. All Wrestlers will be checked for long nails or contagious skin conditions during weigh-ins.

Matches: Three, 1 Minute Periods / Overtime with no time limit. 1st takedown wins

NYS Certified Officials / Full-size mats will be used for all Divisions

Awards: Crown for Champions, Trophies 2nd & 3rd, Medals 4th-6th
Team Trophy 1st-3rd (Teams points are determined by the total points of the Top 10 highest scoring wrestlers for each team). The team that you selected for your child during registration, is the team that they will be scoring for. No changes will be made after the registration deadline.

Admissions: \$3 – Adults (Coaches); \$2 – Children (5 & under FREE)

Refreshments: Breakfast, Lunch, Snacks & Drinks will be available in the Cafeteria.

NO FOOD INSIDE THE GYM

Questions: Contact: Head Coach – Jimmy Sprague 315-532-5651 or Assistant – Nicole Pruett 315-420-9614

E-Mail: SandyCreekYouthWrestling@Yahoo.Com

Mail Entry Forms & Fee Payable to Sandy Creek Youth Wrestling to:

Sandy Creek Youth Wrestling
5979 South Main Street
Sandy Creek, NY 13145

Wrestler's Name: _____

DOB: _____

Address: _____

Phone: _____

Division: _____ Age: _____ Weight: _____

Club: _____

Experience Level (circle level):
1 2 3 4 5
Beginner Average Experienced

I hereby release the Sandy Creek Wrestling Club, Sandy Creek School District, and the tournament Officials from any claims, liabilities, and/or loss by me directly or indirectly in traveling to or from, and/or participating in the Sandy Creek Central Youth Wrestling Tournament.

Wrestlers/Parents/Guardian Signature: _____ **Date:** _____