

6th Annual Averill Park Youth Wrestling Tournament

Saturday, April 13, 2013

Entry Fee: \$20.00

Please make checks payable to: Averill Park Wrestling Club

Location: Averill Park High School

146 Gettle Rd.

Averill Park, NY 12018

Directions on back

Time: Divisions I,II,III - register/weigh in 7:00-8:30AM

Divisions IV, V - register/weigh in 10:00-11:30AM

Wrestling will start at the conclusion of seeding for both divisions.

**NEW SPLIT
TIMES**

Age Divisions: I (6 and under) II (7 to 8 years old) III (9 to 10 years old)

IV (11 to 12 years old) V (13 to 15 years old no 10th graders)

Any wrestler who has not wrestled Varsity or JV is eligible. Bring proof of age such as a copy of birth certificate, school ID or other valid form. Wrestler's age will be determined by his or her age the day of the tournament

RULES: Three (3) one minute periods. Overtime will be one (1) minute or first point scored. Double overtime will be :30. Paid Refs for Divisions IV and V

FORMAT: Wrestlers will be grouped into ROUND ROBIN groups of 3 or 4 based on weight and experience.

AWARDS: Towering 1st, 2nd and 3rd place trophies

**HUGE
TROPHIES**

GREAT food from our parents will be sold at the concession stand for breakfast and lunch!

Directions To Averill Park High School

From Interstate 90 take exit 8 (Defreestville Rte 43). Cross Rte 4 Continue onto Rte 43 E for approximately 5 miles to the intersection of Routes 43 & 150 (traffic light). Continue on Route 43 East for approximately 2 more miles. Take a left onto School Road. (There is a sign and on the right is a Sunoco gas station). The High School is straight ahead. The entrance road to the athletic facilities is located on the right when facing the building.

OFFICIAL ENTRY FORM

Name _____ Age _____ Division _____
CLUB/School _____ Grade _____ Coach _____

Address _____

Phone (____) _____ Email _____

I hereby release the Averill Park School District and the Averill Park Wrestling Club, Tournament officials and referees from any and all claims regarding an injury or illness that may be caused in conjunction with this tournament. I will be responsible in full for the welfare of my child.

Parent Signature:

_____ Date _____

Please provide pertinent prior wrestling experience.

Years Experience _____

Please Rank Your Wrestler (circle one)

- A-** Advanced - wrestled and placed in several tournaments
- B-** Intermediate - has wrestled in a few tournaments, but placed low
- C-** Improving - may be one of the first events. Has not placed in a tournament

Tournament Place Finishes: