



# Schuylerville Youth Wrestling Tournament

**DATE:** Sunday April 21, 2013

**PLACE:** Schuylerville High School, 14 Spring St., Schuylerville, NY

**START TIMES:** **SPLIT START** Divisions 1, 2, 3— Register / Weigh-in: 7:00—8:30, Wrestling begins at 9:30 AM  
Division 4, 5— Register / Weigh-in: 11:00 —12:00, Wrestling begins at 1:00 PM

**DIVISIONS:** 1 (6 & under) 2 (age 7 & 8) 3 (age 9 & 10) 4 (age 11& 12) 5 (age 13 & 14)  
**\*\* NO VARSITY EXPERIENCE \*\* (JV Experience is OK)**

**FORMAT:** Madison system, Round-Robin

**RULES:** NYS HS Rules, Overtime 1 min., Double overtime 30 sec.

**BOUT LENGTHS:** 1-1-1

**AWARDS:** All Wrestlers Receive an Award

**ENTRY FEES:** \$25 CASH or CHECK made payable to SCHUYLERVILLE WRESTLING

**INFORMATION:** Jake Zakrzewski 518-858-1755 or [jake.a1builders.com@gmail.com](mailto:jake.a1builders.com@gmail.com)

**CONCESSION:** Food will be available all day

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DIVISION:** \_\_\_\_\_

**RANK:** \_\_\_\_\_  
**A** – Experienced and Skilled Wrestler for age  
**B** – Some experience, Good Athlete, basic skills  
**C** – Novice level for skills, little experience with competition

**TEAM/SCHOOL DISTRICT:** \_\_\_\_\_ **COACH :** \_\_\_\_\_  
PLEASE PRINT

**ADDRESS:** \_\_\_\_\_  
STREET CITY STATE ZIP

**PARENT(S):** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

I hereby release the Schuylerville School District, the Wrestling Booster 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/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE