

SUPERIOR WRESTLING ACADEMY

6 MAN RR KICK-OFF WRESTLING TOURNAMENT

NYS TOP 100 TOURNAMENT

LOCATION: Lyons Community Center – 9 Manhattan Drive, Lyons, NY 14489

WHEN: Saturday, November 16th. 2013.

CHECK-IN: Saturday @ 7:00-8:00am - Wrestling will start @ 9:00am

REGISTRATION: \$ 22.00 *PRE-REGISTRATION ONLY*. Either sign up online at www.pywrestling.com by November 11, 2013 or Fill out and mail payment Postmarked by Saturday November 9, 2013. Wrestler's are allowed to enter 2 age divisions. Please fill out 2 separate Entry Forms and mail with 2 payments. No Walk-Ins & No Refunds.

LIMITED TO THE FIRST 300 PAID ENTRIES!!!

ADMISSION: Adults \$4.00 – Kids \$2.00

AWARDS: Unique 1st - 4th Place Trophies - 5th & 6th Place Medals

TEAM AWARDS: Custom Plaques for Top 3 Teams (1st = 10pts, 2nd = 7pts, 3rd = 4pts, 4th = 2pts)

SEEDING MEETING: Seeding based on Exp. level/records. Level/ Record must be filled out or they will be grouped with the Experienced wrestlers

MATCHES: 6 MAN ROUND ROBIN 3-1 minute periods. Sudden Death OT - 1 min on feet - Two 30 second ride-out

RULES: NYS Certified Refs – Madison Style Pairing. Please be honest about Age & Weight as we will be randomly checking birth certificates & weighing wrestlers as they check-in. It is \$20 per weight or age challenge. Wrestler must NOT weigh over 2.5lbs of registered weight. If you win challenge you will get your money back & wrestler is disqualified.

DIVISIONS: 6&U, 7&8, 9&10, 11&12, 13-15

VENDOR: Wrestling Gear & Wrestling Supplies!!! **MEALS:** Food Served all day **RAFFLES:** 50/50

Make Checks/Money Orders Payable to and Mail to:

Superior Wrestling Academy

477 Pendell Hill Rd, Whitney Point, NY 13862

For further information contact:

Gary Ferro

Cell # (607)743-8533

smokinferro@yahoo.com

-----MAIL FORM BELOW ONLY-----

INDIVIDUAL WRESTLER ENTRY FORM – Fill Out Entire Form Please!!!

NAME: _____ DOB: _____ AGE: _____

WEIGHT: _____ DIVISION: _____ CIRCLE YEARS WRESTLED: 0 1 2 3 4 5+

ADDRESS: _____

SCHOOL/CLUB: _____ PHONE: _____

E-MAIL: _____ GRADE-IN-SCHOOL _____

I would like to compete in the NY Top 100 rankings: **YES NO**

NY Top 100 competing weight class (increments of 5lbs, wrestlers must be at or under this weight):

NY Top 100 competing age group (wrestlers will only be ranked at one):

Birth Date:

For complete rules on the NY Top 100 rankings please visit <http://www.nyouthwrestling.com/>

In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Lyons Community Center, Superior Wrestling Academy, it's agents, representatives, successors and assigns for any and all injuries suffered by my child at said tournament. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury insurance policy.

PARENT'S SIGNATURE: _____