

# 2<sup>nd</sup> Annual Susquehanna Youth Wrestling Tournament

**Date:** February 9<sup>th</sup> 2013

**Place:** Susquehanna Community High School (3192 Turnpike Street  
Susquehanna PA)

**Time:** 9:00 AM Start – Sign Ins 7:00-8:00 am

**Entry Fee** \$20.00 - limited to the first 250 wrestlers

**Application Deadline:** All registration forms must be received by  
February 6<sup>th</sup> 2013. They must be postmarked by  
no later than February 2<sup>nd</sup>.

**Age Divisions:** 6 & under 7 & 8 9 & 10 11 & 12  
Age as of February 9, 2013 (proof of age required if  
requested)

**Weight Classes:** Each weight class is made up of 4 to 6 wrestlers whose actual  
weights are closest to each other, taking into account years experience and last years record.  
**Coaches must do their own weigh ins.** Random weight checks will be conducted throughout the  
day. Weight brackets will vary no more than ten pounds.

**Rules:** \*PIAA, Bout length 1-1-1(minute)  
\*Tournament Director reserves the right to eliminate or combine any  
groups where they deem appropriate.

\*Wrestlers may only compete in one division

\*Singlets preferred no loose clothing

**Criteria for 1<sup>st</sup> - 6<sup>th</sup> place**

1 – win/loss record 2 – head to head winner 3 - # of pins 4 – total points

5 – total takedowns

**Awards:** 1<sup>st</sup> - 6<sup>th</sup> **Medals**

**Admissions:** Adults \$3.00 Students \$1.00 Preschool Free All coaches must pay

**Food:** Available throughout the day

**Information:** Dennis Gow Jr - Tournament Director (570)853-4731

email – susquehannayouthwrestling@echoes.net

**Mail Entries to:** Dennis Gow Jr 192 Washington Street Susquehanna PA 18847

**Make checks Payable to: SCSD**

I certify that the information below is correct and that the participant is covered by either school insurance or a family health plan. I hereby release any and all rights and claims for damage I may have against the Susquehanna Youth Wrestling Club, Susquehanna Community School District, employees, the tournament officials, coaches, referees, & any sponsoring bodies from any liability or any injury or loss suffered by me or my wrestler directly or indirectly as a result of this tournament.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Division: \_\_\_\_\_ Age: \_\_\_\_\_ Actual Weight \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ School/Club: \_\_\_\_\_

Last Year's Record: Wins \_\_\_\_\_ Losses \_\_\_\_\_ Years Exp: \_\_\_\_\_

Past Honors \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_