

# 4<sup>th</sup> Annual Andy Leder Memorial Tournament (formerly Salamanca Novice)

**SUNDAY, January 12<sup>th</sup> 2014**

**\*\*\*PLEASE NOTE OUR NEW LOCATION\*\*\***

**Headgear is Mandatory**

**DATE:** Sunday, January 12, 2014  
**SITE:** Allegany Community Center, 3677 Administration Drive, Salamanca, NY 14779  
**ELIGIBILITY:** 1<sup>ST</sup> & 2<sup>ND</sup> year wrestlers only (12 yrs. Old & under as of January 12<sup>th</sup> 2014)  
**ENTRY FEE:** \$15.00 per wrestler/ \$17 per wrestler @ PYWrestling site PRE-REGISTERED (must be received by January 11, 2013) /\$20.00 per wrestler at the door  
**TEAM DISCOUNT:** 10 or more wrestlers \$12.00 per wrestler **PRE-REGISTRATION ONLY BY JAN. 11 2014**  
*Registrations must be sent together for Team Discount / NO PHONE REGISTRATIONS*  
**NO REFUNDS**  
**ONLY 3 COACHES ADMITTED FREE**  
**ADMISSION:** \$3.00 Adults – Students \$1.00 - Under 5 - Free  
**WEIGH-INS:** 10:30 a.m. until **NOON**  
**AWARDS:** Awards will be given to each wrestler.

**WRESTLING WILL BEGIN AT 12:30 SHARP & END AT APPROXIMATELY 5:30**

Cafeteria will open at 10 a.m. starting with breakfast & remain open until 5:30 p.m.

## EXPLANATION OF TOURNAMENT

This is a beginning-wrestling tournament to provide match experience to new wrestlers. Every effort is made to pair the wrestlers to each other's AGE, WEIGHT & EXPERIENCE. Each wrestler will receive a bout sheet that he/she will carry for the day. All wrestlers will wrestle 3 individual matches. If within the first two matches a wrestler gets pinned within 30 seconds, the official will restart the match in the neutral position, (allowing more mat time) and the wrestler who pinned his/her opponent will be awarded the win. When the wrestler has completed his/her 3 matches they will be given their award. We wish for you a safe trip and a very enjoyable visit with us in Salamanca! **Skin Checks are mandatory!!!! Nurses have final say!!! Doctor's note must be presented for exception!**

Make checks payable to: Salamanca Youth Wrestling Inc. (\$35.00 return check fee)

Mail registrations to: Salamanca Youth Wrestling, 78 State Park Ave., Salamanca, NY 14779 - CALL 716-244-7597

For more information [www.SalamancaYouthWrestling.org](http://www.SalamancaYouthWrestling.org) / [salamancayouthwrestling@yahoo.com](mailto:salamancayouthwrestling@yahoo.com)

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NAME \_\_\_\_\_ TEAM \_\_\_\_\_

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STREET CITY ST ZIP

PHONE :(\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

In consideration of your acceptance of my entry, I intend to be legally bound hereby for myself, my heirs, and assigns and waive any and all claims to damages, which I have against the Salamanca Youth Wrestling Boosters (parents), The Seneca Nation and anyone involved in the tournament. DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

WRESTLING EXPERIENCE- PLEASE CIRCLE

Parent/Guardian Signature \_\_\_\_\_

1<sup>ST</sup> YEAR / 2<sup>ND</sup> YEAR

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_