

Dolgeville Youth Wrestling Tournament
6 Man Round Robin Tournament (Pre-Registration Required)

DATE: Sunday, March 9, 2014

LOCATION: Dolgeville Central School, 38 Slawson St., Dolgeville, NY 13329

WEIGH-INS/CHECK-INS: All wrestlers must check-in between 6:30 and 8:15am

There will be NO weigh-ins to start the tournament.

Please provide **actual weight** to allow us to group wrestlers before tournament.

Wrestler's weight may be challenged during the first round of tournament.

Wrestler must be within 2 lbs. of weight listed on entry form.

****There will be random weight checks at check in.**

DIVISIONS: YOUTH: (6 and under)
BANTAM: (7-8 yrs)
MIDGET: (9-10 yrs.)
JUNIOR: (11-12 yrs.)
INTERMEDIATE: (13-14 yrs.)
WRESTLING BEGINS: 9 am

ENTRY FEE: \$25.00

REGISTRATION: Pre-Registration & Payment required by March 5, 2014- No Walk Ins- No refunds
You must pre-register for tournament. If you do not pre-register, you do NOT wrestle.
(LIMITED TO FIRST 300 WRESTLERS)

PAYMENT: Make Checks Payable to: Dolgeville WBC
SEND TO: Kathryn Bilinski 44 Stewart St. Dolgeville, NY 13329

WRESTLING RULES:

- 6 man Round Robin where possible (weights can be combined up to 10%).
- Bout length 1, 1, 1 (1st point scored in overtime wins)
- **TIE BREAK:** Wins/losses, Head to head, Total pins, Total takedowns, Total points scored.
- Everyone must have proof of age if challenged, including person challenging.
- Wrestlers can pay to wrestle in 2 divisions but not in 2 weight classes in the same division.
Wrestlers competing in more than 1 division will forfeit the 45 min rest period.
- NO VARSITY OR JV EXPERIENCE ALLOWED.

ADMISSION FEE: Adults: \$2.00 Students/Children: Free

REFRESHMENTS: Breakfast, lunch, snacks and drinks will be available in the cafeteria.

INFORMATION: Any questions, please contact: Craig Eggleston (518) 568-9997 or Kat Bilinski (315) 868-9235
or email: kbilinski@dolgeville.org

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____
AGE(as of 3/8/14) _____ PHONE: _____
DIVISION: _____ ACTUAL WEIGHT: _____
SCHOOL OR CLUB: _____
2012-2013 RECORD: _____ Years of Experience: _____
E-MAIL: _____

In consideration of this entry being accepted, I hereby release the Dolgeville Youth Wrestling Club, Dolgeville Central School District, coaches and tournament officials from any and all claims, liabilities, and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Dolgeville Youth Wrestling Tournament.
I have insurance coverage for the wrestler.

Signature of wrestler: _____ Date: _____
Signature of parent/guardian: _____ Date: _____