



**GREENE'S Bob Carlin Annual WRESTLING TOURNAMENT**  
**High School and Youth Division, Saturday March 29<sup>th</sup> 2014**  
**Format -5 Man Round Robins**

\*\*\*\*\*PRE-REGISTRATION ONLY\*\*\*\*\*Limit first 350 wrestlers

**ALL REGISTRATIONS MUST BE RECEIVED NO LATER THAN Thurs. March 27<sup>th</sup>**

**WALK IN REGISTRATION WED. March 26<sup>th</sup> 6:00 PM –7:30PM**

**GREENE HIGH SCHOOL CAFETERIA**

**NO entries accepted after Thursday march 27th, 2014 at 4:00P.M.**

**Registration fee = \$20.00.** Must fill out registration form completely

**Wrestling to be held in the Greene High School Gym, 40 South Canal St Greene NY.**

**RULES:**

1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlet and headgear preferred (no loose clothing).
4. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1st, 2nd, 3rd and 4th places:

- 1st criteria: won/loss record
- 2nd criteria: head-to-head winner
- 3rd criteria: # of pins
- 4th criteria: total points
- 5th criteria: total takedowns

**Check In to wrestle 7:30 A.M. at registration desk**

AGE AS of March 28th 2014 Proof of age required if contested and agreed upon by the tournament director. Each weight class is made up of 3 to 5 wrestlers, whose ACTUAL weights are closest to each other, taking into account last year's record/past honors. Coaches must do their own weigh-ins and ACTUAL weight must be put on registration form.

NOTE: Tournament director reserves the right to combine or eliminate weight classes.

**Youth - TROPHIES 1<sup>ST</sup>, 2<sup>ND</sup> 3<sup>rd</sup>, 4<sup>th</sup> High School Medals 1<sup>st</sup>, 2<sup>nd</sup> 3<sup>rd</sup> and 4<sup>th</sup>**

**COST \$20.00 PER WRESTLER Pre registration only Check in 7:30 A.M at registration table**

**MAKE CHECKS PAYABLE TO: GREENE WRESTLING CLUB**

**SEND TO: GREENE WRESTLING CLUB**

TJenksGreene Middle school 40 South Canal St Greene NY 13778

**MUST BE RECEIVED NO LATER THAN Thursday .March 27th post marked March 26th 2014**

**FURTHER INFORMATION CONTACT: Dave Castle 761-1746, Tim Jenks 648-3311, Sherrie Beckwith 656-7605**

Jarrold Hitt 343-1077 Tom Stanbro – 656-9915 Mike Whitt 343-9902 **remember, Check in 7:30 A.M.**

**No fax INS, no calls please, this tournament will be set to go Saturday 9:00A.M.**

**No shows, will not receive money back**

-----WRESTLER ENTRY FORM-----

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

Actual weight WGT \_\_\_\_\_ ADDRESS \_\_\_\_\_

SCHOOL OR CLUB \_\_\_\_\_ SEEDING INFORMATION 2013-2014RECORD \_\_\_\_\_

2012-2013record \_\_\_\_\_

HONORS OR TOURNAMENT INFORMATION \_\_\_\_\_

Use back if necessary

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 VILLAGE OF GREENE, THE GREENE WRESTLING BOOSTER CLUB, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GREENE SCHOOL DISTRICT AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL TAKE ALL 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 POLICY AS REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\$20.00 ALL ENTRIES MUST BE RECEIVED BY March 27th, postmarked March 26<sup>th</sup>**