

4th Annual Nunda Youth Wrestling Club Tournament

5 Man Round Robin

Date: Saturday, March 1, 2014

Location: Keshequa Junior-Senior High School, 13 Mill Street, Nunda, New York

Entry Fee: \$20.00, Make checks payable to Nunda Youth Wrestling Club. \$50 return check fee. Entry fee must accompany registrations and must be received by February 26, 2014. First 300 entries accepted. No walk-ins. Mail entries to Crystal Learn, 9106 Picket Line Road, Nunda, New York 14517.

Time: Wrestling Starts at 9 a.m. Check In: 7:00 a.m. - 8:00 a.m.

Rules: NYS High School Rules, NYS Certified Referees.
Bout Length (1 min. -1 min.-1 min.) for Divisions I-IV
Bout Length (1½ min.-1½ min.-1½ min.) for Division V & VI

Divisions: All ages as of day of tournament. March 1, 2014
I. 6 & Under II. 7 & 8 III. 9 & 10 IV. 11 & 12 V. 13 & 14 VI. 15 & 16
Varsity & JV experience welcome.

Weigh Ins: Honor weigh-ins with a verified weight check.
Tournament director reserves the right to combine weight classes.

Awards: Trophies awarded for 1st, 2nd, 3rd, 4th and 5th
Team Trophies awarded for 1st, 2nd, 3rd and 4th (10 wrestlers per team)

Admission: Adults: \$3.00 Students: \$2.00

Concessions: Food & Drinks will be available in the cafeteria.
No food or drinks will be allowed in the gym. No smoking on school grounds.

Questions: Contact Jeff Bugman call/text 585-739-9139 or
Crystal Learn, call/text 585-319-8342 ~ email at cryl@frontiernet.net

Name: _____ Birthdate: _____ Age: _____

Address: _____ Phone: _____

Weight: _____ Division: _____ School/Club _____

Years Experience: _____ 2013/2014 Record _____

In consideration of your acceptance of my entry, I hereby release the Nunda Youth Wrestling Club, Keshequa Central Schools, Livingston County School Districts and the officials of this tournament from any claims, liabilities of right for damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from and/or participating in the Nunda Youth Wrestling Club Tournament. I have my own insurance.

Signature of Wrestler: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____