



2014 Sabers Youth Wrestling Tournament

LIMITED TO FIRST 300 WRESTLERS

Date: Sunday, December 7, 2014

Registration Due: no later than Wednesday December 3th, 2014, teams may email roster

Location: Susquehanna Valley High School, 1040 Conklin Rd. Conklin, New York 13748

Weight's: Madison Weights , must be within 2lbs of listed weight. Please be honest with wrestlers' weights. We will be checking. *****THERE WILL BE RANDOM WEIGHT CHECKS*****

Check - In: 7:00 A.M. to 8:00 A.M. No WALK IN's will be accepted

Rules: , NYS modified rules, periods 1-1-1 min, Sudden death OT, all Referee calls are final

Wrestling: to begin @ 9am, Folkstyle, Headgear & singlet suggested

Divisions: 6 & under, 7&8, 9&10, 11&12

Format: 4 to 6 man round robin open. **LIMITED TO THE FIRST 300 ENTRIES** Wrestlers from the same school or club will try to be separated. Tournament officials have the right to bracket classes as needed.

Entry Fees: \$25.00 Make checks payable to: SV Youth Wrestling Club (no refunds except for cancellation)

Awards: 1st-4th medals, with "CHAMPIONS" t-shirts for 1st place champions and winners bracket

Mail Entries to: SV Youth Wrestling, c/o Jamie Lupole, 285 Main Street, Kirkwood, New York, 13795

Contact: Jamie Lupole, jlupole@stny.rr.com, 607-775-9368

Admission: All Adults(coaches too) \$3.00, \$1 for kids not wrestling

Concession: Food will be available all day

If part of email team roster,Entry form must be presented at check-in or with team check-in.

Wrestlers name: _____ Age: _____ D.O.B.: _____

(circle one)

Experience: newbie, 1&2yr novice, 3+yr experience, quality veteran, STUD, Division: _____

Address: _____

Parent Name(s): _____ *Honest weight*: _____

Email: _____ Phone #: _____

Coaches Name: _____ Team/School/Club: _____

(if needed)

Emergency Contact: _____

(optional disclosure)

Insurance carrier: _____ Policy #: _____

Waiver:

I, the undersigned, hereby declare that if I am accepted to participate in the SV Youth Wrestling Tournament, I will do so at my own risk and of my own free will. I will not, in any way, hold liable the sponsors, tournament officials, Sus. Valley HS district or employees, referees, or any associate of SV Youth Wrestling, for any injuries or losses that I might receive, directly or indirectly, while traveling to or from, or competing therein. I also state for the record that I am covered by all appropriate insurances needed for me/wrestler to compete in contact sports. I understand that if I (my child) has any suspicious skin markings, I (my child) might not be allowed to enter the tournament without a doctor's note stating the he / she is free of any contagious condition.

Wrestlers Signature _____

Parents Signature _____

(REQUIRED, must be signed)