

# Spencer Van-Etten Youth Wrestling Tournament

5-man Round Robin Tournament  
Spencer High School  
Darts Cross Road Spencer NY 14883

**DATE:** February 2, 2014

**TIMES:** Check-in runs from 7:00 a.m. – 8:00 a.m.

Wrestling starts at 9:00 a.m.

**ENTRY FEE: \$20.00 per wrestler** -Make checks payable to: **SVEYA Wrestling**

**OFFICIAL REFS-1<sup>st</sup> 200 entries will be accepted.**

**ADMISSION: \$3.00 Adults \$1.00 Students**

**REGISTRATION:** Mail registration/payment to Amanda Beach-SVEYA wrestling director. ONLY team rosters to Ambeach48@gmail.com **no later** than Wednesday, January 29th @ 5:00 p.m with payment. Late entries **will not** be accepted, to ensure tournament starts on time!

**DIVISIONS:** 6 & Under, 7&8, 9&10, 11&12

Wrestler's age as of February 2, 2014

Wrestlers may only participate in one age division. Each bracket will be grouped by actual weight and ability by tournament committee. Tournament director reserves the right to eliminate or combine any age groups or weight classes as deemed necessary.

**WEIGH-INS:** We will use the honor system for age and weight. **Remember teaching your wrestler honesty is more important than any wrestling trophy.**

**CHALLENGES:** Challenges will be handled at the discretion of the tournament director. All challenges must be done in the first round and both wrestlers must weigh in and be within 2 pounds of the listed weight on the form or they will be disqualified and no refunds.

**AWARDS: Trophies for 1st – 3rd Places, Medals for 4<sup>th</sup>-6<sup>th</sup> Places**

Placing criteria will be based on win/loss record, head-to-head winner, # of pins, total points, total takedowns, total penalties.

**Trophies for 1st – 3rd place teams, based on 10 man team entered by 9:00AM**

**CONCESSIONS:** Breakfast from 7am-10:30/ lunch 10:30-end, beverages, and snacks will be available all day.

**Questions may be directed to: Amanda Beach** at (607) 242-4961 or email [Ambeach48@gmail.com](mailto:Ambeach48@gmail.com)

Please turn in the bottom portion of this form by mail or upon entry to the school.

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**Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_  
**Division:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Weight** \_\_\_\_\_  
**2012 Record:** \_\_\_\_\_ **Wins/ Losses** \_\_\_\_\_ **Years Exp** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Team (Club)** \_\_\_\_\_

I certify the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release any and all rights and claims for damage I may have against the SVEYA WRESTLING, Spencer VanEtten Schools, officers and employees, tournament committees and officials and referees from any and all liability for any injury suffered by myself or the wrestler directly or in directly as a result of this tournament.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_