

Waverly Youth Wrestling



5-man Round Robin Tournament

Waverly High School
1 Frederick St.
Waverly, NY 14892

- DATE:** January 12, 2014
- TIMES:** Check-in runs from 7:30 a.m. – 8:30 a.m.
Wrestling starts at 9:00 a.m.
- ENTRY FEE:** **\$20.00 per wrestler**
Make checks payable to: **Waverly Wrestling Club**
- ADMISSION:** Adults \$3.00 Students \$1.00 Pre-school - FREE
- REGISTRATION:** Mail registration forms/payment to Charlie Hughes- Head Wrestling Coach, Waverly High School or E-mail team rosters (including age, actual weight, and 2012 record) to wrestle44@yahoo.com no later than Thursday, January 9th @ 5:00 p.m. 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 January 12, 2014
Wrestlers may only participate in one age division.
Each bracket will be grouped by actual weight and ability by tournament committee.
Tournament directors reserve 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. **NY Top 100 Wrestlers Must Weigh In. Please Enter Age & Weight Competing At For Rankings Below.**
- 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 4th & 5th 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:** Food, beverages, and snacks will be available all day.
- Questions may be directed to:** Don McCarty at (607) 565-3551 or email dmccarty@talismanusa.com or George Granger at (607-481-0271 or email at wrestle44@yahoo.com <http://www.waverlywrestling.net>

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

Name: _____ Birth Date: _____

Division: _____ Age: _____ Actual Weight: _____

2012 Record: Wins _____ Losses _____ Years Exp _____

Address: _____ State: _____ Zip: _____

Phone: _____ Team (Club) _____

NY Top 100 Competing Weight: _____ **NY Top 100 Competing Age Group:** _____
For Competing rules on the NY Top 100 rankings, please visit <http://www.nyyouthwrestling.com/>

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 Waverly Wrestling Club, Waverly Central 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 indirectly as a result of this tournament.

Parent/Guardian Signature: _____ Date: _____