

WHITEHALL YOUTH WRESTLING TOURNAMENT

DATE: SUNDAY, MARCH 2, 2014

LOCATION: WHITEHALL HIGH SCHOOL GYM

Whitehall Central School is located at 87 Buckley Road, Whitehall, NY 12887

Registration & Weigh-ins

Division I, II & III – 7:00-9:00 a.m.

Division IV & V – 9:00 -11:30 a.m.

<p>Division I (ages 6 and under) Division II (ages 7 &8) Division III (ages 9 & 10) Seeding Meeting: 9:00-9:30 a.m.</p> <p>WRESTLING BEGINS AT 10:00 A.M.</p> <p>Age as of March 1, 2014</p>	<p>Division IV (ages 11 & 12) Division V (ages 13 & 14) Seeding Meeting: 11:30- 12:00 p.m.</p> <p>Age as of March 1, 2014</p>
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REGISTRATION

Registration will be accepted at the door: \$25.00 per wrestler
Checks should be payable to “Whitehall Wrestling Club”
Please make sure your name, phone number and address are on the check
There will be a \$25.00 charge for returned checks.

TOURNAMENT INFORMATION

- Wrestlers who have competed at the JV or Varsity level will **NOT** be allowed to compete in this tournament.
- High school rules are in effect.
- Length of match: Three (3) one minute periods; overtime will be sudden victory.
- Each bracket will be 4 or 5 man round robin (if possible, depending on the number of wrestlers in each group)
- Each participant is guaranteed at least two (2) matches.
- Please contact whitehallwrestlingclub@yahoo.com with any questions.

AWARDS

1st Place: Medal, Wall Chart & T-Shirt
3rd Place: Medal

2nd Place: Medal
4th Place: Medal

FOR OFFICIAL USE ONLY:

DIVISION:

WEIGHT:

WEIGHT CLASS

WHITEHALL WRESTLING CLUB, INC.

Name: _____ Birthdate: _____ Age: _____

Address: _____

Phone: _____ School/Club: _____

Parent/Guardian Name: _____

Do you know of any health reason why your son/daughter should not be permitted to participate in the wrestling tournament? YES NO

I give my permission for _____ to participate in the Whitehall Wrestling Club, Inc. Youth Wrestling Tournament.

In the event that I am not available, please contact _____ (Name) at _____ (Phone Number)

I understand that I am financially responsible for any medical bills incurred by my child while participating in the Whitehall Wrestling Club, Inc. Tournament. In case of an emergency, I grant permission for my child to be given emergency medical treatment by the appropriate medical personnel. In consideration of the use of the premises, facilities or equipment owned or operated by the Town of Whitehall, the Whitehall Central School District or the Whitehall Wrestling Club, Inc. program, personnel and/or in consideration or permitted to participate in the activity listed above, on behalf of myself, my heirs, executors, administrators, successors and/or assigns, hereby release and forever discharge the Town of Whitehall, Whitehall Central School District, the Whitehall Wrestling Club, Inc., its agents, servants, employees, coaches and volunteers from any and all manner of actions, suits, damages, claims and demands, on account of personal injury, including death, or other causes whatsoever, which I may have against them by reason of or arising in the above listed entity.

Parent/Guardian Signature Dated: _____

SEEDING INFORMATION

TOURNAMENT	PLACE