

# The Akron Wrestling Club Fall Classic

**Sunday, October 4, 2015**

**This tournament is your first opportunity of the season to get a jump on the competition! We have drawn as many as 400 wrestlers in the past, expect a similar great turnout once again this year. A split start will be used, so check below to see what time your division must weigh in by and starts wrestling. We start on time for all sessions and run quickly!**

**Location:** Akron St. Vincent-St. Mary High School, 15 N. Maple Street, Akron, Ohio.

<u>AGE GROUP</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-IN</u>	<u>START TIME</u>
5-6	40,45,50,55,60,70,Hwt	7:30-9:00 a.m.	10:00 a.m.
7-8	45,50,55,60,65,70,75,85,Hwt	7:30-9:00 a.m.	10:00 a.m.
9-10	55,60,65,70,75,80,86,93,100,115,Hwt	7:30-9:00 a.m.	10:00 a.m.
11-12	65,70,75,80,85,92,100,110,120,130,140,Hwt	7:30-9:00 a.m.	10:00 a.m.
13-14	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt	7:30-12:30 p.m.	1:30 p.m.
15-19 (no grads!)	106,113,120,126,132,138,145,152,160,170,182,195,220,285	7:30-12:30 p.m.	1:30 p.m.
Masters (19 and up)	133, 141,149,157,165,174,184,197,215,285	7:30-12:30 p.m.	1:30 p.m.

**Awards:** 12 and under: Top three place finishers receive deluxe trophies.

13-14 & 15-19 age group: Top Three place finishers receive medals. You can check out our trophies here: <http://imgur.com/a/dKGRj>

**Entry Fee:** \$20, at the time of weigh-ins. No pre-registrations.

**Rules:** Modified Scholastic Rules will be used for all divisions. All periods start from the neutral position. All restarts are from the neutral position. Tournament Director reserves the right to combine weight classes upon need. Only Certified Officials will be used!

**Concessions:** Will be served all day, including a full breakfast.

**Contact Information:** Anthony Gary: [algary23@hotmail.com](mailto:algary23@hotmail.com)

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the St. Vincent-St. Mary's Wrestling Team, St. Vincent-St. Mary's High School, Akron Wrestling Club, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

WRESTLER'S NAME (PRINT LEGIBLY) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMAIL \_\_\_\_\_ CLUB or SCHOOL \_\_\_\_\_  
AGE GROUP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

**Age Group Classification:** A wrestler's age on date of tournament will determine his or her age group.

SIGNATURE OF ATHLETE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_