

BGA YOUTH WRESTLING TOURNAMENT

6 MAN ROUND ROBIN

DATE: March 1, 2015

Place: Bainbridge-Guilford High School 18 Juliand St Bainbridge NY

Time: Check ins 7-8, wrestling will begin at 9

There will be random weight checks, any wrestler that exceeds 2 lbs of registered weight will be disqualified, no exceptions, no refunds.

Registration: \$20, make checks payable to BGA Youth Wrestling, limited to first 400 wrestlers. Pre-registration only, No walk-ins, Deadline 02/25/15

Mail entries to Greg Eggleston email:gregeggleston75@gmail.com
28 ½ South Main St
Bainbridge NY 13733

Groups: 6 and under 7-8 9-10 11-12 13-14

Rules: 1)NYS high school modified, bout length 1-1-1 for all divisions

2) Round robin, wrestlers will be grouped by experience and ability

3) Overtime 1 minute sudden death, then 30 second ride out

4) Wrestlers may compete in 2 divisions, but may forfeit rest period

between matches if necessary, must pay 2 registration fees also.

5) Tie breaker criteria: head to head, # of pins, total points, # of takedowns

Awards: Trophies for 1st, 2nd, 3rd, medals for 4th, 5th, and 6th

Team trophies for 1st, 2nd, and 3rd, 10 man roster, no combining teams

Admission: \$3.00 for adults

Name: _____ Age: ____ Age Group: _____ DOB: _____ Weight _____

Address: _____ Phone: _____ Experience _____

School/Club: _____ Past honors/record _____

In consideration of this entry being accepted, I hereby for my child waive and release any and all rights and claims for damages may have against the BG school district, BGA wrestling, its agents, representatives, successors, and assigns, for any and all injuries suffered by my child at said tournament. I also agree that I will be responsible for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement of participating in this tournament. By signing below I agree to these terms and conditions.

Parent/Guardian signature _____ Date: _____