

Bolivar-Richburg Youth Wrestling

10th Annual 6-Man Round Robin Tournament

February 21, 2015

Ohio Tournament of Champions Qualifier
Gene Mills Qualifier

PLACE: Bolivar-Richburg High School- 100 School St, Bolivar, NY 14715
Doors open at 7:00 and all wrestlers must check in by 8:00

REGISTRATION: Pre-registration required by Saturday, February 14, 2015
NO EXCEPTIONS!!
Payment is required with registration form.
Accepting first 300 wrestlers.
No walk-ins

ENTRY FEE: \$25 per wrestler. No refunds. Make checks payable to Bolivar-Richburg Youth Wrestling Club. \$40 charge on returned checks.
Mail to Heather Allen 76 Pleasant St., Bolivar, NY 14715

WEIGH-INS: Friday evening 5:30-7:00 or Saturday morning 7:00- 8:00
All wrestlers must weigh-in with singlet on and have mandatory skin check
Coaches meeting immediately after weigh-ins on Saturday morning.

REQUIREMENTS: Ages 4-16 as of February 21, 2015. Proof of age required if challenged.
Headgear is mandatory.

DIVISIONS: 6&under, 7&8, 9&10, 11&12, 13&14, 15&16

FORMAT: Three 1 minute periods. NY high school rules. Referees decisions are final.

AWARDS: 1st through 4th in each bracket. Team trophies for 1st through 3rd.

ADMISSIONS: \$3 Adults, \$1 Students. Two coaches per team admitted free.

REFRESHMENTS: Available all day, served in the cafeteria. No food or drink in gym.

Name: _____ Team Name: _____

Age: ___ Weight: ___ Division: _____ Birthdate: _____ Phone # _____

I hereby, for myself and for my child, release the Bolivar-Richburg Youth Wrestling Club, Bolivar-Richburg Central School, Allegany County School District, and all officials of this tournament from any claims, liabilities, or rights to damage for any injuries or losses suffered by my child or myself directly or indirectly in training for, traveling to and from participating in the Bolivar-Richburg Youth Wrestling tournament. I HAVE MY OWN INSURANCE.

Signature of legal guardian: _____ Date: _____