

# BROCKPORT YOUTH DUALS TOURNAMENT \* K - 8 GRADE \*

**SUNDAY MARCH 22 ND. 2015** 

## **Brockport Middle School 40 Allen St. Brockport NY**

10 TEAM SCRAMBLE 2 POOLS OF 5 - 1Crossover = 5 Matches

### **CERTIFIED NYS OFFICIALS FOR ALL MATCHES**

Weight Classes: 50,54,58,62,66,70,74,78,82,86,90,95,100,105,110,125 16 Weight classes 4 Alternates. Maximum of 20 Wrestlers per team

ENTRY: \$400.00 per team payable to Brockport Wrestling Club by MARCH 16 TH 2014

\*\*\*\*\*\*\*SCHOOL BASED TEAMS ONLY\*\*\*\*\*\*

\*\*\*\* NO JV OR VARSITY EXPERIENCE ALLOWED \*\*\*\*

\*\*\*\*Wrestlers must be enrolled in school district of team they wrestle for\*\*\*\*

Send completed registration form with parents signature to: Dave Schickler

13 Woodstock Lane Brockport NY 14420 / Cell 585-755-1786 OR Scott 585-455-1411

### Weigh-ins

Sunday March 22 nd 2015. From 7:30-8:30 am Wrestling starts 9:00 Weigh-ins from Saturdays individual tournament will be honored

### **Scoring**

NYS Folkstyle rules 3 one minute periods-1 minute sudden death overtime with a 30 second ride out

#### **Awards**

**Trophies for top 3 teams- Champion T- shirts for winning teams** 

As a parent or guardian of the child listed below, I accept all responsibility for any injuries which may occur. I understand and acknowledge that Brockport Wrestling Club activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. I herby release the Brockport Wrestling Club and the Brockport Central School District from any and all responsibilities of injury or harm that may result before, during or after Brockport's Youth Duals on March 22 nd. 2015.

Team Name:	AD Signature
Registration form with parents signature . Please include child's name and parent signature.	
Child's Name	Parent Signature
50	
54	
58	
62	
66	
70	
74	
78	
82	
86	
90	
95	
100	
105	
110	
125	
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Alt.	
Alt.	