1st Annual Delaware Valley Round Robin Challenge

February 14, 2015

Delaware Valley High School – 256 Routes 6 & 209, Milford, PA

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Check In: 7:30-	8:15	Skin/Nail Check	: 8:45	Wrestling Begins: 9:00 am
<u>Admission</u>				
\$ 5.00 Adult (Coach) / \$2.00 Student (Children under 5 FREE)				
Registration				
No Walk-Ons. Registration will be limited and registration will be taken on a first come, first serve basis. Please register early! Registration				
should be postmarl	ced by February 6, 2015			cateria
				e, first serve basis. Please register early! Registration cofeteria all day in our cofeteria Food will be served all day in our cofeteria
Age Divisions (Age	on Day of Tournament)			au in our
Pee-Wee	6 & Under			, all day
Bantam	7 & 8			arved u.
Midget	9 & 10			u be ser
Intermediate	11 & 12			od will
Junior High	7''' & 8''' grade (No J	V or Varsity Experience)		FOOG
There will be no weigh-in. We will use the honor system for weight and age. Please have birth certificate available if challenged. Weight				
challenges will be at the discretion of the tournament director.				
Weight Classes				
Madison-style bracketing. Wrestlers will be placed in a bracket based on actual weight. Groups will range from 3-6 wrestlers dependent upon				
registrations received. Effort will be made to place wrestlers together with comparable experience levels and/or years of experience.				
<u>Bouts</u>				
1-1-1 (Pee-Wee, Bantam, Midget, Intermediate) 1:30-1:30 (Junior High)				
Overtime will follow	PIAA rules			
Awards Marketer 11 be a control of the 15th 2nd 6 2rd above Section 12				
Medals will be awarded to the 1 st , 2 nd , & 3 rd place finishers				
Entry Fee	Barabla ta Wardan Lada Wa	andia a Chala		
\$ 20.00	Payable to: Warrior Junior Wro	estling Club		
Mailing Address			Talanhas	570 426 2456
Chris Ross 106 Mountain View	Court			<u>ne</u> : 570-426-3156 rosskings@yahoo.com
Matamoras, PA 183			E-mail:	rosskings@yanoo.com
•				
Please send in bottom portion only with payment				
Delaware Valle	y Round Robin Challenge			February 14, 2015
Wrestler's Nam	e			Team
A d d wa a a				City State
Address				City, State
A	A District	A -41	\ ^ /-!	Volum Formation as
Age	Age Division	Actual	weight	Years Experience
Telephone / E-mail				
I hereby give my child permission to wrestle in the Delaware Valley Round Robin Challenge and hereby waive/release Warrior Junior Wrestling Club,				
Delaware Valley School District and all other sponsoring bodies, their officers, directors, committees, volunteers, and referees from all liabilities/claims				
for damages while completing in or travelling to/from said tournament. I also acknowledge that my child is covered by a major medical insurance plan.				

Parent / Guardian Signature _____