

# *Maine-Endwell Youth Wrestling Tournament*

**DATE:** Saturday, January 3<sup>rd</sup>, 2015

**PLACE:** Maine-Endwell High School  
750 Farm to Market Rd  
Endwell, NY 13760

**TIME:** Wrestling starts at 9:00 A.M.  
(Please arrive between 7:00 – 8:00 A.M.)

**REGISTRATION:** **Pre-register only (NO WALK-INS)**  
**MUST RECEIVE FORM IN MAIL & POST MARKED BY 12/30/14**

Make checks payable to: Maine-Endwell Wrestling Booster Club

Mail form and fee to: Keith Smith  
461 Chrysler Road  
Endwell, NY 13760

**WEIGH-INS:** Honor Weigh-In

**ENTRY FEE:** \$23.00 per wrestler

**RULES:** 4-6 Man Round Robin  
NYS High School Modified, Bout Time 1 min.-1 min.-1 min.  
NO JV OR VARSITY EXPERIENCE

**AGE:** Age of the date of the tournament.

**DIVISIONS:** 6 & under, 7 & 8, 9 & 10, 11 & 12  
Weight classes will be made up of 4 to 6 wrestlers by their actual weights and last years records. Proof of age and weight will be required if contested.  
Note: Tournament Committee has the right to combine or eliminate weight classes.

**AWARDS:** Medals to top 3 finishers

**CONCESSIONS:** Food and beverage will be available all day Starting at 7AM.

**ADMISSION:** \$3.00 adults, \$1.00 children, under 5 and coaches free

**TOURN. INFO:** Keith Smith 607-725-2133 or  
Email: [jsmith2615@yahoo.com](mailto:jsmith2615@yahoo.com) or [Kesmith@jcschools.stier.org](mailto:Kesmith@jcschools.stier.org)

**ENTRY FORM** (please print)

NAME	DIVISION	ACTUAL WEIGHT
ADDRESS		
STATE	ZIPCODE	PHONE
AGE	DOB	SCHOOL/CLUB
LAST YEARS RECORD-W	L	Years Wrestled

I hereby assume full responsibility for my child/children in case of any injury and loss of personal belongings while traveling to and from, and/or participating in the Maine-Endwell Youth Wrestling Tournament. I will not hold the Maine-Endwell School District, Maine-Endwell Wrestling Club, coaches, and staff responsible for any liability. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament, and my child is covered by a health/injury insurance policy.

PARENT/GAURDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_