

GOLD FORCE WRESTLING CLUB TOURNAMENT
Holley Central School District
Saturday, March 14, 2015

DATE:

NO PRE REGISTRATION

NHSCA Insurance will be provided

PLACE: **Holley Elementary School, 3800 North Main Street, Holley, NY 14470.**

AGE: Day of tournament. Proof may be required.

RULES: NYS High School rules. Double elimination Sudden victory overtime-1:00, then one ride out.

CLINIC: **There will be a free technique clinic at 8:30am by former Holley standout wrestlers.**

WEIGH-IN OPTIONS: Friday, March 13th, 6:00 – 6:30pm – Any age division
Saturday, March 14th, 7:30-8:30am – 5 years old - 12 years old age groups
Saturday, March 14th, 11:30-12:00pm – 13 years old – High School age groups

No weight Classes-GROUPED WEIGHTS IN EACH AGE DIVISION-8 man brackets or 3, 4, 5 man round robins

*5 & 6 years

Bouts: 1 1/2 - 1 1/2

*11 & 12 years

Bouts: 2 - 2

*7 & 8 years

Bouts: 1 1/2 - 1 1/2

*13 & 14 years (& under 9th grade)

Bouts: 2 - 2

*9 & 10 years

Bouts: 1 1/2 – 1 1/2

*Grades 9 – 12 (Selective Classification may wrestle here)

Bout: 2 - 2

TOURNAMENT OFFICIALS RESERVE THE RIGHT TO ALTER OR COMBINE WEIGHT CLASSES WHEN BETTER COMPETITION WILL RESULT.

WRESTLING BEGINS: As soon as possible after the group completes weigh-ins.

THERE WILL BE A SKIN CHECK FOR RASHES. IF IN DOUBT, BRING A NOTE FROM YOUR DOCTOR.

OFFICIALS: Certified NYS officials at each mat, if possible.

AWARDS: Trophies 1st & 2nd Medals 3rd Ribbons 4th

FOOD: Concession stand will be open all day. **Please support our concession stand by not bringing in coolers of food and beverages.**

ENTRY FEE: \$20.00 at the door. Register at weigh-ins.

SPECTATOR FEE: There will be NO spectator fee!

(Once you pay and enter the tournament, no refunds are given)

WAIVER OF LIABILITY

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Gold Force Wrestling Club, Holley Central School District, coaches, officials, its agent representative, successors, or anyone affiliated with this tournament for any accidents, injuries, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

WRESTLER'S NAME _____ PHONE # (____) _____

Street _____ City/Town _____ Zip _____

WRESTLER'S SIGNATURE _____ HONORS/RECORD _____

PARENT SIGNATURE _____ GRADE _____

CLUB OR SCHOOL _____ YEARS EXPERIENCE _____

DATE OF BIRTH _____ AGE _____ DIVISION _____

(OFFICIAL USE ONLY) *****

SCRATCH WEIGHT AT WEIGH-INS _____

John J. Grillo (jgrillo3@hotmail.com)

Gold Force Wrestling Club Director

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AGE DIVISION _____