



GREENE'S Bob Carlin Annual WRESTLING TOURNAMENT

High School and Youth Division, Saturday March 14 , 2015

Format -5 Man Round Robins

*******PRE-REGISTRATION ONLY*****Limit first 350 wrestlers**

ALL REGISTRATIONS MUST BE RECEIVED NO LATER THAN Thurs. March 12th

WALK IN REGISTRATION WED. March 11th 6:00 PM –7:30PM

GREENE HIGH SCHOOL CAFETERIA

NO entries accepted after Thursday march 12th, 2015 at 4:00P.M.

Registration fee = \$20.00. Must fill out registration form completely

Wrestling to be held in the Greene High School Gym, 40 South Canal St Greene NY.

RULES:

1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlet and headgear preferred (no loose clothing).
4. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1st, 2nd, 3rd and 4th places:

- 1st criteria: won/loss record
- 2nd criteria: head-to-head winner
- 3rd criteria: # of pins
- 4th criteria: total points
- 5th criteria: total takedowns

Check In to wrestle 7:30 A.M. at registration desk

AGE AS of March 14th 2015 Proof of age required if contested and agreed upon by the tournament director. Each weight class is made up of 3 to 5 wrestlers, whose ACTUAL weights are closest to each other, taking into account last year's record/past honors. Coaches must do their own weigh-ins and ACTUAL weight must be put on registration form.

NOTE: Tournament director reserves the right to combine or eliminate weight classes.

Youth - TROPHIES 1ST, 2ND 3RD , 4th High School Medals 1ST, 2ND 3RD and 4th

COST \$20.00 PER WRESTLER Pre registration only Check in 7:30 A.M at registration table

MAKE CHECKS PAYABLE TO: GREENE WRESTLING CLUB

SEND TO: GREENE WRESTLING CLUB

TJenks Greene Middle school 40 South Canal St Greene NY 13778

MUST BE RECEIVED NO LATER THAN Thursday .March 12th post marked March 11th 2015

FURTHER INFORMATION CONTACT: Dave Castle 761-1746, Tim Jenks 648-3311, Sherrie Beckwith 656-7605

Tom Stanbro – 656-9915 remember, Check in 7:30 A.M.

No fax INS, no calls please, this tournament will be set to go Saturday 9:00A.M.

No shows, will not receive money back

-----WRESTLER ENTRY FORM-----

NAME _____ DATE OF BIRTH _____ AGE _____

Actual weight WGT _____ ADDRESS _____ Phone _____

SCHOOL OR CLUB _____ SEEDING INFORMATION 2014-2015RECORD _____

2013-2014record _____

HONORS OR TOURNAMENT INFORMATION _____

Use back if necessary

IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I HEREBY, FOR MY CHILD, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES

I MAY HAVE AGAINST THE VILLAGE OF GREENE, THE GREENE WRESTLING BOOSTER CLUB, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GREENE SCHOOL DISTRICT AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL TAKE ALL RESPONSIBILITY FOR ANY AND ALL DAMAGES DONE BY MY CHILD AT SAID TOURNAMENT. I ALSO UNDERSTAND THAT MY CHILD MUST BE COVERED BY A HEALTH/INJURY POLICY AS REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

PARENT'S SIGNATURE _____ DATE _____

\$20.00 ALL ENTRIES MUST BE RECEIVED BY March 12th, postmarked March 11^h