

PHOENIX COMBAT KIDS 6 MAN ROUND ROBIN YOUTH WRESTLING TOURNEY

GENE MILLS EASTERN NATIONALS QUALIFIER

- WHEN ?** Saturday, January 31, 2015
- WEIGH-INS ?** Saturday, January 31, 2015, 7:00 – 8:30 A.M.
- Wrestling to begin as soon as possible after conclusion of weigh-ins. Wrestlers must be at or below their submitted registration weight. If not, **bracket changes will be charged \$20.**
- ELIGIBILITY ?** Age as of January 31, 2015. Any wrestler up to and including 14 years of age. Modified wrestlers welcome. No JV or Varsity experience. Any wrestler whose age is challenged must provide proof of age or risk being disqualified at tournament director's discretion. **All wrestlers must have a valid NYWAY card.**
All wrestlers must preregister by 6:00 P.M., Thursday, January 29, 2015
- COST ?** \$25 if pre-registered by Thursday January 29th after that \$30, wrestlers may enter 2 age divisions.
- WHERE ?** Phoenix High School Gymnasium-552 Main St. ,Phoenix, NY, 13135
- AWARDS ?** Awards for 1st thru 3rd
- FORMAT ?** Round Robin, Madison style pairing. Tournament director will attempt to pair by years of experience.
- MATCHES ?** Three 1 minute periods. Sudden death overtime w/o time limit. 1st takedown wins
- REFEREES?** NYS CERTIFIED REFEREES
- DIVISIONS ?** 6&U, 7&8, 9&10, 11&12, 13&14
- PAYMENT ?** Make check or money order payable to: **CNY Pin2Win Inc.** Send completed registration form and payment to : **Diane Tighe 252 Besaw Rd, Phoenix, NY 13135.** For further info, contact **Gene Mills @315 569-2746**

.....**COMPLETE - DETACH- MAIL PAYMENT AND FOLLOWING FORM ONLY**.....

NAME: _____ D.O.B. _____ AGE _____

DIVISION: _____ WEIGHT _____ YEARS EXPER. _____ SCHOOL / CLUB _____

ADDRESS _____ PHONE _____

E-MAIL _____ NYWAY# _____

My child _____ has my permission to participate in the 2015 Phoenix Combat Kids Wrestling Club tournament. I understand there is no supervision provided for youths outside the tournament, and I am responsible for the behavior and conduct of all my children at the tournament. I am aware that the school does not allow wandering through the halls during the tournament and I am prepared to supervise their conduct throughout the day's events. I agree, that prior to my child's participation, I will inspect the condition of facilities and equipment being used. If I deem them to be unsafe, I will immediately inform the tournament director of the condition(s) and refuse to participate. I Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury or death, including unforeseeable risk(s) unknown to us at this time. I hereby discharge, waive, and release CNY Pin 2 Win Inc., Pin 2 Win Inc., Phoenix Central School district, its employees, volunteers, and all coaches and assistants, for any and all injuries or losses associated with the Phoenix Combat Kids Wrestling Club and its events.

Parents/ Guardian signature _____ Date _____

Wrestler's Signature _____ Date _____