



**RAVENA-COEYMANS-SELKIRK**  
**SENIOR HIGH SCHOOL**  
2025 U.S. ROUTE 9W • RAVENA, NEW YORK 12143-0150  
518-756-5200 • FAX 518-756-3534 • District Website: [www.rcscsd.org](http://www.rcscsd.org)

**Mr. Tom DiAcetis**  
*Principal*

**Mr. Bob Dorrance**  
*Director of Athletics*

**“EDUCATING MINDS – BUILDING CHARACTER”**

# 14<sup>TH</sup> Annual Ravena Youth Tournament MARCH 22<sup>ND</sup> 2015

**Location:** RAVENA-COEYMANS-SELKIRK HIGH SCHOOL

**Coaches Contacts:** Justin Schipano (518) 756-5200 ext. 2535 or email [jschipano@rcscsd.org](mailto:jschipano@rcscsd.org)

**Directions: From the north-** Take thruway Interstate 87 to exit 23, go south on Route 9W for 12 miles school is on your right.

**From the south-** Take thruway to exit 21b (Coxsackie/Ravena), go north on Route 9W for 10 miles school is on your left.

**Admission:** \$20 per wrestler, \$25 if you're doing two divisions (covers the cost of the awards)

**TIME SCHEDULE: THIS SCHEDULE IS SUBJECT TO CHANGE**

Weigh-In Divisions 1-3	7:30 – 9:00am
Coaches' Meeting	9:00 – 9:45am
Tournament Picture	9:45 – 9:55
Tournament talks	9:55 – 10:00
Wrestling begins	10:00 – to completion
Weigh-In Divisions 4-5	10:30 – 11:30am

**AGES AND DIVISIONS:**

5-6 years old	DIV I
7-8 years old	DIV II
9-10 years old	DIV III
11-12 years old	DIV IV no varsity experience
13-14 years old	DIV V no varsity experience

**AWARDS:** Awards will be given to: 1<sup>st</sup> through 4<sup>th</sup> place. They will not be given out until all wrestlers in that division/pool folder have completed wrestling (can't get awards early)

**CONCESSIONS:** Concessions will be run by the RCS Sports Association. Please ask that your wrestlers support this organization. We ask that food be purchased from our concession stand rather than brought in from the outside, if possible. **NO FOOD OR DRINK ALLOWED IN THE GYM.**

**Division:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Pool:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

**Address: name** \_\_\_\_\_

**# street** \_\_\_\_\_

**City** \_\_\_\_\_ **state** \_\_\_\_\_ **zip code** \_\_\_\_\_

**I HEREBY RELEASE RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL DISTRICT, THE RCS SPORTS ASSOCIATION, TOURNAMENT OFFICIALS AND REFEREES OF ANY AND ALL CLAIMS REGARDING AN INJURY OR ILLNESS THAT MAY BE CAUSED IN CONJUNCTION WITH THE RAVENA FURY YOUTH TOURNAMENT.**

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**PLEASE LIST SOME MAJOR ACCOMPLISHMENTS**

**YEARS EXPERIENCE:** \_\_\_\_\_

**CIRCLE WHAT TYPE OF WRESTLER (A being very good):**    **A**    **B**    **C**

**ACCOMPLISHMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LOCKERS:** Locker space will be provided for all teams. Please have your wrestlers bring their own locks with them. RCS will **NOT** be responsible for lost items.

**GOOD LUCK**