

3rd Annual Randolph Novice Tournament

SUNDAY, January 18th 2015

Limited to the First 300 Entries / **Headgear is Mandatory**

EARLY PRE-REGISTRATION RECOMMENDED

DATE: Sunday, January 18, 2015
SITE: Randolph High School
ELIGIBILITY: 1ST & 2ND year wrestlers **ONLY** (12 yrs. Old & under as of January 18th 2015)
ENTRY FEE: \$15.00 per wrestler (must be **received BY** January 10, 2015)/\$20.00 per wrestler at the door
TEAM DISCOUNT: 10 or more wrestlers \$12.00 per wrestler **PRE-REGISTRATION ONLY BY January 4th, 2014**
Registrations must be sent together for Team Discount

NO REFUNDS

ONLY 3 COACHES ADMITTED FREE

ADMISSION: \$3.00 Adults – Students \$1.00 - Under 5 - Free
WEIGH-INS: 8:00a.m.Until 10.00a.m
AWARDS: Trophies will be awarded to each wrestler.

WRESTLING WILL BEGIN AT 10:30 SHARP

Cafeteria will open at 8 a.m. starting with breakfast & remain open.

EXPLANATION OF TOURNAMENT

This is a beginning-wrestling tournament to provide match experience to new wrestlers. Every effort is made to pair the wrestlers to each other's AGE, WEIGHT & EXPERIENCE. Each wrestler will receive a bout sheet that he/she will carry for the day. All wrestlers will wrestle 3 individual matches. If within the first two matches a wrestler gets pinned within 30 seconds, the official will restart the match in the neutral position, (allowing more mat time) and the wrestler who pinned his/her opponent will be awarded the win. When the wrestler has completed his/her 3 matches they will be awarded their trophy. **Headgear is mandatory!!!! Skin Checks are mandatory!!!! Nurses have final say!!! Doctor's note must be presented for exception!**

Make checks payable to: Randolph Youth Wrestling (\$25.00 return check fee)

Mail registrations to: Patrick D Oyer 64 Torrence rd. Randolph NY 14772,

Any Questions Contact: Coach Pat Oyer Phone: 716-640-4323; email: Patrickoyer70@gmail.com

NAME _____ TEAM _____
ADDRESS: _____ / _____ / _____ / _____
STREET CITY ST ZIP
PHONE :(_____) _____ E-MAIL _____

DATE OF BIRTH: ____/____/____ AGE: _____ WEIGHT: _____

In consideration of your acceptance of this entry, I hereby release the Randolph Kids Wrestling Club, the Randolph Central School and anyone connected with this tournament from any and all claims or liabilities of rights to damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from, and from participation in the Randolph Wrestling Club Tournament.

WRESTLING EXPERIENCE- PLEASE CIRCLE

Parent/Guardian Signature

1ST YEAR / 2ND YEAR

Date: ____/____/____