

SCHALMONT YOUTH WRESTLING TOURNAMENT

Schalmont High School

Sunday February 22nd, 2015

- Place:** Schalmont High School New Gym
1 Sabre Drive, Schenectady, NY
Located 1 mile east of the NYS Thruway/I-88 interchange on Rt. 7.
Admission \$5 –Family, \$2-Adult, and \$1- Child
- Cost:** \$20.00 per wrestler (Checks payable to Schalmont Wrestling Club)
- Time:** Weigh-Ins for Division I, II, and III will be 7:30 am - 8:30 am
Seeding Meeting: 8:30 am - 9:30 am
Wrestling Starts: 9:30 am
Weigh-Ins for Division IV and V will be 10:30 am - 11:30 am
Seeding Meeting: 11:30 am
Wrestling starts immediately after first session.
Our Wrestling Club will be selling food and beverages all day!
- Matches:** NYS High School Rules will be used. Three one minute periods with a one minute sudden death overtime period. The tie breaker will be: 30 seconds. **Four-man round robin format, three matches for all.**
- Eligibility:** Any wrestler who HAS competed at the Junior Varsity or Varsity Level is NOT eligible for this tournament. Bring proof of age in case questioned by tournament officials. Age will be as of date of tournament. **Licensed high school referees will be officiating.**
- Weight Divisions:** I. 5-6 years old II. 7-8 years old III. 9-10 years old
IV. 11-12 years old V. 13-14 years old
*Wrestlers will be grouped with other wrestlers closest to their weight
- Seeding:** Based on previous experience, honest level and tournament placing.
- Awards:** For the top four place finishers in each weight class.
- Questions:** Contact Youth Coaches: Josh Cuomo (518) 857- 8550,
Korey Rogotzke (518) 253-9174 or Kashon Holmes (518) 308-3694.

Leave This Part Blank (Official Use Only)

Division_____ Weight_____ Pool_____

PLEASE FILL OUT LEGIBLY AND COMPLETELY:

Name:_____

Division:_____ Age:_____ Grade:_____

Address: _____

Home Phone_____ Cell Phone _____

School Affiliation:_____

Youth Coach:_____

I hereby release the Schalmont School District, the Schalmont Wrestling Club, Schalmont Coaching Staff, Directors, Officials, Score Keepers, and Referees for any and all claims regarding any injury or illness that may be caused in conjunction with this tournament, including any dental work or skin condition. I will be responsible in full for the welfare of my child.

Parent or Guardian (Required)

Date _____

Seeding Info: Years of Experience:_____ Level (A, B, C) _____

Please be honest and specific with the amount of experience that your wrestler has to make the experience successful for all the children!

Any tournament honors: