

Walton Booster Club Youth Wrestling Tournament

Sunday, February 8th, 2015

Walton High School

Five Man Round Robin

Check in from 7am – 8am, with wrestling to begin at 9am

Fee is \$25 payable to: WBC Wrestling

Mail fee to: Dan Sovocool
135 Bullock Hill Road
Sidney Center, NY 13839

PRE-REGISTRATION REQUIRED: No entries accepted after Thursday, February 5, 2015.

- Rules:**
1. NYS Modified High School - bout length 1 minute; 1 minute; 1 minute; OT is 30 sec
 2. Sudden Death Overtime 1 minute, then 30 sec. ride out
 3. No JV or Varsity experience.
 4. Wrestlers may compete in only one division and weight class.
 5. Criteria for 1st, 2nd, 3rd, and 4th places dependent upon:
 - Won/loss record
 - Head-to-head winner
 - Number of pins
 - Total points
 - Total takedowns

Divisions: 6 & Under, 7 & 8, 9 & 10, 11 & 12, 13 & 14

Age as of February 1st, 2014

Honor Weigh ins. Wrestler must be within 3 lbs. of registered weight. Wrestlers weight may be challenged for a \$20 fee at end of first round. Refunded only if wrestler fails weight challenge. Wrestler will be disqualified with no refund.

Awards: 1st long sleeve dry-fit t-shirt, 2nd short sleeve dry-fit shirt, 3rd t-shirt and medals for 4th & 5th

Admission: Adults- \$2.00 and Students - \$1.00

Concessions available all day.

For further information contact: Dan Sovocool - (607)865-2281 or email wbcwrestling@yahoo.com

Name _____ Division _____ Actual weight _____

Address _____

State _____ Zip Code _____ Phone# _____

Age _____ Birthdate _____ Years of Experience _____

School or Club _____

Record _____

Past Honors _____

In consideration of this entry being accepted, I hereby, for my child, waive and release any and all right and claims for damages I may have against the Walton Booster Club Wrestling program, it's agent, representatives, successors, the Walton Central School District and assigns for any and all injuries suffered by my child at said tournament. I will also take 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 insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury insurance policy.

Parent Signature _____ Date _____