

# Waverly Youth Wrestling

## 5-man Round Robin Tournament

Waverly High School  
1 Frederick St.  
Waverly, NY 14892

**DATE:** February 21, 2015

**TIMES:** Check-in runs from 7:30 a.m. – 8:30 a.m.  
Wrestling starts at 9:00 a.m.

**ENTRY FEE:** **\$22.00 per wrestler**  
Make checks payable to: **Waverly Wrestling Club**

**ADMISSION:** Adults \$4.00 Students \$2.00 Pre-school - FREE

**REGISTRATION:** Mail registration forms/payment to :  
**Waverly Wrestling Club, 72 Reeves Rd, Waverly NY 14892**  
or E-mail team rosters (including age, actual weight, and 2014 record) to  
[WaverlyYouthWrestlingTournament@Yahoo.com](mailto:WaverlyYouthWrestlingTournament@Yahoo.com) no later than Thursday, February 19th @  
5:00 p.m. Late entries **will not** be accepted, to ensure tournament starts on time!  
Entries will be cutoff at 250, register early!!

**DIVISIONS:** 6 & Under, 7&8, 9&10, 11&12  
Wrestler's age as of February 21, 2015  
Wrestlers may only participate in one age division.  
Each bracket will be grouped by actual weight and ability by tournament committee.  
Brackets will be grouped from 4-6 man round robins where possible.

**WEIGH-INS:** We will use the honor system for age and weight. Remember teaching your wrestler honesty is more important than any wrestling trophy.

**CHALLENGES:** Challenges will be handled at the discretion of the tournament director. All challenges must be done in the first round and both wrestlers must weigh in and be within 2 pounds of the listed weight on the form or they will be disqualified and no refunds.

**AWARDS:** **Trophies for 1<sup>st</sup> – 3<sup>rd</sup> Places, Medals for 4<sup>th</sup> & 5<sup>th</sup> Places**  
Placing criteria will be based on win/loss record, head-to-head winner, # of pins, total points, total takedowns, total penalties.  
**Trophies for 1<sup>st</sup> – 3<sup>rd</sup> place teams, based on 10 man team entered by 9:00AM**

**CONCESSIONS:** Food, beverages, and snacks will be available all day.

**Questions may be directed to:** Don McCarty at (607) 565-3551  
George Granger at (607) 481-0271

Please turn in the bottom portion of this form by mail or upon entry to the school.

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Actual Weight:** \_\_\_\_\_

**2014 Record: Wins** \_\_\_\_\_ **Losses** \_\_\_\_\_ **Years Exp** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Team (Club)** \_\_\_\_\_

I certify the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release any and all rights and claims for damage I may have against the Waverly Wrestling Club, Waverly Central Schools, officers and employees, tournament committees and officials and referees from any and all liability for any injury suffered by myself or the wrestler directly or in directly as a result of this tournament.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_