

WEBSTER YOUTH WRESTLING TOURNAMENT

Sunday, February 1, 2015
Webster Thomas Field House
800 Five Mile Line Road

Revised 12-1-14

WEIGH IN: Honor Weigh In - Tournament officials have the right to challenge weights at any time. All other challenges must be before first round.

REGISTRATION: Pre-Registration only! Entries must be in by **6:00 PM Tuesday, Jan. 27th**
No entries accepted after, please mail early! **NO WALK- INS!**

CHECK IN: 8:00 – 9:00 AM 5/6, 7/8, 9/10 Wrestling starts approx. 9:30 A.M.
11:00 - 12:00 11/12, 13/14 Wrestling starts approx. 12:30 PM

ENTRY FEE: \$22 (**pre-reg. only!**) - payable to Webster Wrestling.
Spectators \$2.00 –children 12 and under FREE

DIVISIONS: 5/6, 7/8, 9/10, Morning Session 11/12, 13/14 Afternoon Session
NO JV EXPERIENCE Age as of 2/1/15 (proof of age may be required)

FORMAT:

- 4-6 man round robin which guarantees at least 3 matches
- Bout Lengths: 5/6, 7/8, 9/10, 11/12, 13/14 -- 1min, 1min, 1min
NYS Rules apply- First takedown wins in O.T. then on to H.S. rules
- Weight divisions will be separated by about 5 lbs. or 10% of wrestler's weight
(Tourn. Dir. reserves the right to combine wt. classes for better wrestling)
- Singlet, headgear, & wrestling shoes are preferred (No loose clothing, zippers, or pockets)
- Tournament will run in split sessions 5/6, 7/8, 9/10 morning session. 11/12, 13/14
afternoon session on 5- 7 mats with 3-4 full mats and others divided into ½'s for younger
groups. **No pin and done!** More mat time for the younger kids! – If a beginner wrestler gets
pinned, they will have the option to wrestle out the period or match. Please indicate **true exp.** to
help modify this format. Certified refs available for older groups and most younger, with
certified coaches reffing the younger kids

AWARDS: Trophies top 3 place finishers. Medals to others

REFRESHMENTS: Food and snacks available all day – NO food or drink allowed in the gym

MAIL REGISTRATION TO: VINCE ASITO 746 Somerset Dr., Webster, NY 14580
FURTHER INFORMATION: VINCE ASITO @ vasito@rochester.rr.com, or 585-703-6323
JOHN VANDERMARK @ jvandermark@rochester.rr.com

Name _____ Birthdate _____ Age _____ Weight _____

Address _____ City _____ ZIP _____

Phone _____ Email _____ Grade _____

School/Club _____ Division _____ Years exp. _____ # of Tourn. Wrestled in _____

In consideration of your acceptance of my entry, I hereby release the Webster Wrestling Club, Webster Central Schools, and tournament officials of this tournament from any claims, liabilities or right for damage for any injury or losses suffered by me directly or indirectly in training for, traveling to and from and/or participating in the Webster Youth Wrestling Tournament. I have my own insurance and understand that my child must be covered by a health insurance policy as a requirement for participating in this wrestling tournament. I take responsibility for any damages done by my child at this tournament. No locker space available. Not responsible for lost or stolen items!

Parent's & Wrestler's Signatures _____ Date _____