WINDSOR Youth Wrestling Tournament

SATURDAY, DECEMBER 19, 2015 - 6 MAN ROUND ROBIN

DATE: Saturday, December 19, 2015

PLACE: Windsor High School, 1191 Rte. 79 Windsor, NY **TIME:** Wrestling Starts At 9:00am, check in from 7am – 8am

PRE-REGISTRATION REQUIRED: NO entries accepted after Thursday, December 17, 2015

REGISTRATION & ENTRY FEE: \$25.00, by mail Limited to first 300 paid entries. Entry fees MUST be

included, no exceptions!!!

Make checks payable to: Windsor Youth Wrestling Program

101 Victoria Drive Binghamton, NY 13904

For Further Information Contact:

Michael Rooke (315) 868-2430 or mpr3477@yahoo.com

RULES:

- 1. NYS High School Modified Bout Length: 1 minute, 1 minute, 1 minute.
- 2. Singlet and headgear preferred (no loose clothing).
- 3. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).
- 4. No JV or Varsity experience.
- 5. Wrestlers may compete in only one division and weight class.
- 6. Criteria for 1st, 2nd, 3rd, and 4th places: 1) won/loss record, 2) head-to-head winner, 3) # of pins, 4) total points, 5) total takedowns

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

AGE AS OF DECEMBER 19, 2015: Proof of age required if contested and agreed upon by the Tournament Director. Each weight class is made up of 4 to 6 wrestlers whose ACTUAL weights are closest to each other, taking into account last year's record/past honors. Coaches must do their own weigh-ins and ACTUAL weight must be put on registration form. Wrestlers weight may be challenged prior to the end of the first round of wrestling for \$25.00; refundable only if wrestler fails weight challenge. Wrestler must be within 3 lbs. of his/her registered weight. Wrestler will be disqualified with no refund if he/she is over. Random weight checks will occur at registration.

NOTE: Tournament Director reserves the right to combine or eliminate weight classes.

AWARDS: Individual Trophies for 1st through 3rd place, Medals for 4th through 6th

ADMISSION: \$3.00 for adults, \$2.00 for students, Free under 5 years old, coaches are also required to pay

REFRESHMENTS: Food will be available all day.

CUSTOM T-Shirts made on site

NAME		DIVISION	ACTUAL WT
ADDRESS			
STATE	ZIP CODE	PHONE #	
AGE	BIRTH DATE		
SCHOOL/CLU	В		
	Years Experience		
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In consideration of t have against the Vill Windsor Central Schresponsibility for an health/injury insurar policy.	his entry being accepted, I he age of Windsor, the Windsor \ lool District and assigns for a y and all damages done by my lice policy as a requirement fo	reby, for my child, waive and release any and a Wrestling Program, it's agents, representative ny and all injuries suffered by my child at said or child at said tournament. I also understand the r participating in this tournament and my child	s, successors, the tournament. I also will take nat my child must be covered by a I is covered by a health/injury insurance
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DATE:			