

Bath Youth Wrestling Tournament



Bath-Hammondsport Relay for Life 5 MAN ROUND ROBIN



Date and Time:	Sunday, January 10, 2016 - First 300 Entries	
Location:	Bath Haverling High School, 25 Ellas Avenue, Bath NY 14810	
Entry Fee:	\$20 registration fee (Checks payable to "Bath Youth Wrestling Club, Inc.") \$50 return check fee	
	- All entries MUST be received no later than January 6 th NO EXCEPTIONS – ALL BRACKETS WILL BE FINALIZED ON THE 9 TH . Mail registrations to 35 Lyon Street, Bath, NY 14810.	
	- Email team rosters to kcolegrove@bathcsd.org and all fees will be due upon arrival.	
Time:	Doors open at 9am wrestling starts at 10am.	
Rules:	NYS High School Rules Modified Bout Length (1min-1min-1min) for all divisions.	
Division:	AGE AS OF JANUARY 10, 2016	
AGE	WEIGHT CLASSES	REGULATION
6 & UNDER	40, 45, 50, 55, HWT (MAX 85LBS)	1-1-1
7 & 8	45, 50, 55, 60, 65, 70, 75, 85, HWT (MAX 120LBS)	1-1-1
9 & 10	55, 60, 65, 70, 75, 80, 85, 90, 100, 110, HWT (MAX 140LBS)	1-1-1
11 & 12	65, 70, 75, 80, 85, 90, 95, 105, 112, 120, 130, HWT (MAX 160LBS)	1-1-1
13 -15	80, 90, 100, 110, 120, 130, 140, 150, 160, HWT (MAX 200)	1-1-1
NOTE: Tournament director reserves the right to combine weight classes. Any participant with braces, MUST wear a mouth piece. There will be skin checks. Headgear is optional. Singlets required.		
Weigh-ins:	Honor System. Weigh-in at home school and mark down below before sending in registration. Wrestlers weight may be challenged randomly anytime by the Tournament Director. If a wrestler exceeds their honor weight by more than 3 ponds, the wrestler will be disqualified from the tournament. No refunds, no awards.	
Awards:	Trophies for 1 st , 2 nd , 3 rd , 4 th	
Team Trophies:	Given to 1 st , 2 nd , 3 rd – (10 wrestlers per team due prior to the start of wrestling)	
Team points:	10 points for 1 st , 8 points for 2 nd , 6 points for 3 rd , 4 points for 4 th .	
<i>NYS Certified Referees, NYS Rules, Modified Welcome! NO JV OR Varsity Experience.</i>		
Admissions:	\$3.00 for adults, \$2.00 for students, free for senior citizens 65+ and children under 4.	
Food:	Kitchen will be open throughout the day	
NO FOOD OR DRINK IN THE GYM *** ***NO SMOKING ON SCHOOL GROUNDS		
Questions:	Contact Kurt Phillipson 607-725-7011 or BJ Madigan 607-769-0247	

Name: _____ DOB: _____ AGE: _____ Exact Weight: _____

School/Club: _____ Parent phone number _____

In consideration of your acceptance of the entries listed above, and having full knowledge that injuries are a part of participation in sports, I hereby release Bath Haverling Central Schools, Bath Youth Wrestling Club, Inc. and all of the officials, coaches, and administration of afore mentioned organizations from any claims, liabilities, or rights to damage for any injuries or losses suffered by me directly or indirectly in traveling to or from the Bath Youth Wrestling Tournament.

Wrestlers Signature: _____ Date: _____

Parent/Guardian Signature: _____