Bolivar-Richburg Youth Wrestling 11th Annual 6-Man Round Robin Tournament February 20, 2016

Ohio Tournament of Champions Qualifier ***Gene Mills Qualifier*** ***NY Top 100***

<u>PLACE:</u>	Bolivar-Richburg High School, 100 School St, Bolivar, NY 14715 Doors open at 7:00 and all wrestlers must have skin check and weigh in by 8:00	
<u>REGISTRATION:</u> Pre-registration required by <i>Saturday, February 13, 2016</i> Payment required with registration form. No walk-ins!		
<u>ENTRY FEE:</u>	\$25 per wrestler. No refunds. \$40 charge on Make checks payable to: B-R Youth Wrestlin Mail to: Heather Allen 76 Pleasant St, Boliva	ng Club
<u>WEIGH-INS:</u>	Friday evening 5:30-6:30 or Saturday mornin All wrestlers must weigh in with singlet on an Coaches meeting immediately after weigh-ins	nd have mandatory skin check.
<u>REQUIREMENTS:</u> Ages 4 yrs-9 th grade as of February 20, 2016 Proof of age required if challenged.		
DIVISIONS:I: 6&under, II: 7&8, III: 9&10, IV: 11&12, V: 7-9 th gradeFORMAT:Three 1 minute periods. NY high school rules. Referees decisions are final.AWARDS:1 st through 4 th in each bracket. Team trophies for 1 st through 3 rd .ADMISSIONS:\$3 Adults, \$1 students. Two coaches per team admitted free.REFRESHMENTS:Available all day in cafeteria. No food or drink in gym.		
Name:		Team Name:
Age:	Exact Weight:	Division:

Birthdate: _____ Phone: _____

I would like to participate in the NY top 100 rankings: YES NO (circle one)

I hereby, for myself and for my child, release the Bolivar-Richburg Youth Wrestling Club, Bolivar-Richburg Central School, Allegany County School District, and all officials of this tournament from any claims, liabilities, or rights to damage for any injuries or losses suffered by my child or myself directly or indirectly in training for, traveling to and from participating in the Bolivar-Richburg Youth Wrestling tournament. I HAVE MY OWN INSURANCE.

Signature of legal guardian: _____ Date: _____