

# "Brawl in the Falls"

## Youth Tournament

**SATURDAY – February 20, 2016**

Sponsored by  
Hoosick Falls Wrestling Club  
*Preregister to guarantee your spot*  
**Only 300 spots available**

**Location:** Hoosick Falls Central School, 21200 Route 22, Hoosick Falls, NY

**Pre-Registration is recommended - Entry Fee: \$25**

<i>Divisions:</i>	<i>I (ages 5-6)</i> <i>II (ages 7-8)</i> <i>III (ages 9-10)</i>	<i>Weigh-Ins</i> <i>7:30 a.m. – 8:30 a.m.</i>	<i>Wrestling begins</i> <i>@ 9:30 a.m.</i>
<i>Divisions:</i>	<i>IV (ages 11-12)</i> <i>V (ages 13-14)</i>	<i>Weigh-Ins</i> <i>11:00 a.m. – 12:00 p.m.</i>	<i>Wrestling begins</i> <i>@ 12:30 p.m.</i>
No JV or Varsity Experience Allowed			Times are approximate

Format: 4 Man Round Robin  
Madison Weight System  
Paid/certified officials on site

Seeding/Coaches Meeting immediately following weigh-ins

*Awards: All Divisions*

**1<sup>st</sup> Place – Champion T-shirt, Medal and Chart**

**2<sup>nd</sup> Place – Trophy**

**3<sup>rd</sup> Place – Trophy**

**4<sup>th</sup> Place – Trophy**

**MOW Awards for Early and Late Divisions**

**Concession on premises and open all day**

## Registration

### \$25 Entry Fee

**Make checks payable to:**  
Hoosick Falls Wrestling Club  
P.O. Box 161  
Hoosick Falls, NY 12090

**\*\*Or register and pay on-line at <http://www.northeastyouthduals.com>\*\***

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School District: \_\_\_\_\_

Division: \_\_\_\_\_ Weight: \_\_\_\_\_ Career Record: \_\_\_\_\_

Accomplishments/Accolades: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any wrestler with a questionable skin condition may be removed from the tournament at any time. Misconduct, child abuse or misconduct toward tournament participants, officials and/or tournament staff by parents or athletes will result in automatic expulsion from the tournament and school property. Tournament directors/officials have the right to remove anyone not complying with tournament or school district rules.

In consideration of this entry being accepted, I hereby release the Hoosick Falls Central School District, its Board of Education, Coaches, and Tournament Officials from any and all claims, liabilities and/or damages incurred by me directly or indirectly, traveling to or from, and/or participating in the "Brawl in the Falls" Youth Wrestling Tournament. I take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a medical health insurance policy as a requirement for participation in this tournament and my child is covered by a medical health insurance policy.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Questions can be addressed to:*  
**Michael LaPorte, Tournament Director**  
**Phone: (518) 649-2101**  
**Email: [northeastyouthduals@yahoo.com](mailto:northeastyouthduals@yahoo.com)**

Tournament Official Use Only:	
Division:	
Actual Weight:	
Pool:	