



CLV YOUTH WRESTLING 2016 NOVICE TOURNAMENT

- DATE:** SUNDAY, FEBRUARY 21st
- SITE:** CATTARAUGUS CENTRAL SCHOOL 25 North Franklin Street Cattaraugus, NY 14719
- ELIGIBILITY:** 1ST & 2ND YEAR WRESTLERS ONLY (12 years old and under as of December 31, 2015)
- ENTRY FEE:** \$15.00 per wrestler pre-registered / \$20.00 per wrestler at the door
- TEAM DISCOUNT:** 10 or more wrestlers \$12.00 per wrestler must be pre-registered by January 30th
Registrations must be sent together for team discount / NO PHONE REGISTRATIONS
- ADMISSION:** \$5.00 for Adults ~ \$3.00 for Students ~ Children Under 5 are FREE
- NO REFUNDS
 - ONLY 3 COACHES ADMITTED FOR FREE FOR EACH CLUB/TEAM

WEIGH-INS: 7:30AM – 9AM

AWARDS: Each wrestler will receive an award

TOURNAMENT: Coaches Meeting at 9:30am / Wrestling will begin at 10am SHARP

THE CAFETERIA WILL OPEN FROM 8AM AND WILL HAVE BREAKFAST AND LUNCH AVAILABLE

EXPLANATION OF TOURNAMENT:

This is a tournament for beginning wrestlers to provide match experience. Every effort is made to pair the wrestlers to each other's age, weight and experience. Each wrestler will receive a bout sheet that he/she will carry for the day. All wrestlers will wrestle 3 individual matches. If within the first two matches the wrestler is pinned within 30 seconds, the official will restart the match in the neutral position (allowing more mat time) and the wrestler who pinned the opponent will be awarded the win. When the wrestler has completed their 3 matches they will be given their award. Skin checks are mandatory and nurses have the final say. Exceptions will only be granted with a doctor's note. Head Gear is MANDATORY!

We wish you a safe trip and an enjoyable visit with us at CLV.

- MAKE CHECKS PAYABLE TO:** CLV YOUTH WRESTLING (\$35.00 returned check fee)
- MAIL REGISTRATIONS TO:** Todd or Tara Frentz 9966 North Otto Road Cattaraugus, NY 14719
- CONTACT INFORMATION:** If you have questions or for more information contact
Todd Frentz at (716)474-5889 or Tara Frentz at (716) 474-8404
Email: tara.frentz@yahoo.com

NAME: _____ **TEAM/CLUB:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: () _____ **E-MAIL:** _____

WRESTLER'S DATE OF BIRTH: ____ / ____ / ____ **AGE:** _____ **WEIGHT:** _____

WRESTLING EXPERIENCE (PLEASE CIRCLE): 1ST YEAR OR 2ND YEAR

In consideration of your acceptance of my entry, I intend to be legally bound hereby for myself, my heirs, and assigns and waive any and all claims to damages, which I have against CLV Youth Wrestling. _____

Parent / Guardian Signature