



Cavalier Wrestling Classic

Hosted by:

IHC Cavalier Wrestling Club



Ohio Tournament of Champions Qualifier

DATE: Saturday, January 23, 2016

LOCATION: IHC High School Gymnasium, 1316 Ives Street, Watertown, NY 13601

WEIGH INS: All Divisions Friday, January 22nd – 6:00 – 8:00 pm, Saturday, January 23rd - 7:00 – 8:00 am for Divisions 1 & 2 and 10:30 – 11:30 a.m. for Divisions 3, 4 & 5. *Any wrestler exceeding pre-registered weight by more than 1 lb will be disqualified from the tournament and no refunds.*

DIVISIONS: Division 1 (ages 6 and under) Criteria to Determine Place Finish:
 & Division 2 (ages 7-8) * Win/Loss Record * Head to Head Winner
 SCHEDULE Division 3 (ages 9-10) * Number of Pins * Total Takedowns
 Division 4 (ages 11-12) * Coin Toss
 Division 5 (ages 13 – 15)

Div. 1 & 2 - Wrestling Begins: 9:00 am & Div. 3, 4 & 5 – Wrestling Begins: Approx. 12:30 pm

ENTRY FEE: \$25.00 for all wrestlers. (\$25.00 fee for returned checks)

REGISTRATION: **Pre-Registration & Payment Required by January 21st** - No Walk Ins – No Refunds

PAYMENT TO: Make Checks Payable to: IHC Cavalier Wrestling Club

SEND TO: Peter Clough, 26773 Lafave Road, Watertown, NY 13601

AWARDS: 1st Place Champion T-shirt. Large Gold, Silver & Bronze Medals for 1st-3rd. Participation Medals for 4th-6th. Photos will be taken on a Championship Podium for all wrestlers. Team trophies for 1st, 2nd & 3rd

RULES: N.Y.S Modified, High School – Wrestlers are limited to one Division.
 * 5 or 6 man Round Robin where possible (Weights can be combined up to 12%)
 * Bout Length 1, 1, 1. **No Varsity or JV Experience Allowed.**
 * All participants must have a current NYWAY membership. Participants are encouraged to visit the NYWAY website www.nyway.org to obtain their membership.

ADMISSION FEE: Adults-\$3.00, Students-\$1.00. All Coaches Must Pay

REFRESHMENTS: Breakfast, lunch, and drinks will be available in the cafeteria.

INFORMATION: Please contact: Peter Clough – (315) 771-0143 or email: peter_clough_13601@yahoo.com

If you want to be considered in the NY TOP 100, you need to circle “5”

-----PLEASE MAIL CHECK AND FORM BELOW ONLY-----

Name: _____ Division: _____ Actual Weight: _____ School/Club: _____

Address: _____ State: _____ Zip Code: _____ Phone: _____

Age on 1/23/2016: _____ DOB: _____ **Experience Level** Circle Ability Level: 1 2 3 4 5
 Beginner Average good * Top 100*

I hereby release Immaculate Heart Central and IHC Cavalier Wrestling Club and the tournament officials from any and all claims, liabilities, and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Cavalier Wrestling Classic. I have insurance coverage for this wrestler. I will pay for any property damage which I or my wrestlers have willfully caused.

Parent/Guardian Signature: _____ Date: _____