

CHENANGO FORKS BLUE DEVIL YOUTH TOURNAMENT

(Chenango Forks Wrestling Club)

- DATE:** January 17th, 2016
- PLACE:** Chenango Forks High School
1 Gordon Dr.
Binghamton, NY 13901
- TIME:** Wrestling starts at 9:00 A.M.
Check-in between 7:00 – 8:00 A.M.
- REGISTRATION:** **Pre-register only (NO WALK-INS)**
WE ARE ACCEPTING REGISTRATIONS BY EMAIL TILL 1/14/16
MUST BE POST MARKED BY 1/11/16
Limited to 250 wrestlers
Make checks payable to Chenango Forks Wrestling Club
Mail form and fee to: **Jim Arnold**
284 Castle Creek Road
Binghamton, NY 13901
- WEIGH-INS:** Honor Weigh-in
Random weight checks will be done by Tournament Committee. One wrestler per team.
- ENTRY FEE:** \$25.00 per wrestler
- ADMISSION:** \$3.00 adults, \$1.00 children, under 5 free
- RULES:** 4-6 Man Round Robin
NYS High School Modified, Bout Time 1 min.-1 min.-1 min.
NO JV OR VARSITY EXPERIENCE
- DIVISIONS:** 6 & under, 7 & 8, 9 & 10, 11 & 12, 13 & 14
Weight classes will be made up of 4 to 6 wrestlers by their actual weights and last years records. Proof of age will be required if contested.
Note: Tournament Committee has the right to combine or eliminate weight classes
- AWARDS:** Medals for all wrestlers
- CONCESSIONS:** Food and beverage will be available all day.
- TOURN. INFO:** Jim Arnold 607-427-1993, Email: cfyouthwrestling@gmail.com

ENTRY FORM (please print)

NAME _____ DIVISION _____ ACTUAL WEIGHT _____

ADDRESS _____

STATE _____ ZIP CODE _____ PHONE _____

AGE _____ DOB _____ SCHOOL/CLUB _____

LAST YEARS RECORD W _____ L _____ Years Wrestled _____

I hereby assume full responsibility for my child/children in case of any injury and loss of personal belongings while traveling to and from, and/or participating in the Chenango Forks Youth Wrestling Tournament. I will not hold the Chenango Forks School District, Chenango Forks Wrestling Club, coaches, and staff responsible for any liability.

PARENT/GAURDIAN SIGNATURE _____ DATE _____