



# GREENE'S BOB CARLIN YOUTH & HIGH SCHOOL WRESTLING TOURNAMENT

## Saturday, March 12, 2016

Greene High School Gymnasium, 40 South Canal Street, Greene, NY

Check-in 7:00-8:00 a.m. Wrestling to begin at 9:00 a.m.

\*\*\*\*\* PRE-REGISTRATION ONLY \*\*\*\*\*

Limit first 350 paid wrestlers

**All Registration Forms Must Be Received No Later Than Thursday, March 10th at 4:00 p.m.  
Must fill out registration form completely.**

### 6-Man Round Robin Format

#### RULES:

1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlet and headgear preferred (no loose clothing).
4. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> places:

- 1<sup>st</sup> criteria: win/loss record
- 2<sup>nd</sup> criteria: headtohead winner
- 3<sup>rd</sup> criteria: # of pins
- 4<sup>th</sup> criteria: total points
- 5<sup>th</sup> criteria: total takedowns

**Age Divisions: 6&U, 7&8, 9&10, 11&12, 13&14, High School**

**Admission:** \$3 for adults; \$2 for students; free for children under 5  
Concessions will be available all day.

Each weight class is made up of 4-6 wrestlers, whose ACTUAL weights are closest to each other, taking experience and record into account. Coaches must do their own weigh-ins and ACTUAL weight must be included on the registration form. Random weight checks may be conducted. Tournament director reserves the right to combine or eliminate weight classes. If experience/record information is left blank, wrestler will grouped with the most experienced/successful wrestlers. Proof of age, as of March 12, 2016, required if contested.

**Awards:** Trophies/medals for 1<sup>st</sup>-6<sup>th</sup> place finishers.

**COST \$25.00 PER WRESTLER**

**Make Checks Payable To: GREENE WRESTLING CLUB**

Mail To: Stan Fendryk, 471 County Road 9, Chenango Forks, NY 13746

Email: stanfendryk@gmail.com

**No Walk-Ins and No Refunds.**

----- ENTRY FORM -----

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL/CLUB \_\_\_\_\_ YRS of EXP \_\_\_\_\_ 2014-2015 RECORD \_\_\_\_\_ 2015-2016 RECORD \_\_\_\_\_

HONORS/RELEVANT SEEDING INFO \_\_\_\_\_

Use back if necessary

IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I HEREBY, FOR MY CHILD, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE VILLAGE OF GREENE, THE GREENE WRESTLING BOOSTER CLUB, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GREENE SCHOOL DISTRICT AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL TAKE ALL RESPONSIBILITY FOR ANY AND ALL DAMAGES DONE BY MY CHILD AT SAID TOURNAMENT. I ALSO UNDERSTAND THAT MY CHILD MUST BE COVERED BY A HEALTH/INJURY POLICY AS REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MUST BE RECEIVED BY Thursday, March 10<sup>th</sup> at 4:00 p.m.; POSTMARKED BY Tuesday, March 8<sup>th</sup>**