

# OTSELIC VALLEY VIKINGS

## NOVICE WRESTLING TOURNAMENT

### 6 MAN ROUND ROBIN

**DATE:** SUNDAY, JANUARY 31, 2016

**PLACE:** OTSELIC VALLEY CENTRAL SCHOOL, 125 CTY RTE 13A, SOUTH OTSELIC, NY 13155

**TIME:** WRESTLING STARTS AT 9:00 AM, CHECK IN FROM 7 AM-8 AM

**PRE-REGISTRATION REQUIRED: NO ENTRIES ACCEPTED AFTER THURSDAY JANUARY 28, 2016**

**REGISTRATION & ENTRY FEE:** \$15.00, BY MAIL LIMITED TO FIRST 150 PAID ENTRIES. ENTRIES FEE MUST BE INCLUDED, NO EXCEPTIONS!!!!

MAKE CHECKS PAYABLE TO: OTSELIC VALLEY BOOSTER CLUB  
C/O Greg Winn  
125 CTY RTE 13A  
PO BOX 161  
SOUTH OTSELIC, NY 13155

FOR FURTHER INFORMATION CONTACT:

GREGORY WINN (607) 316-3386 [GWINN@OVCS.ORG](mailto:GWINN@OVCS.ORG) OR JOSEPH HARDER (607)743-1270 [JHARDER@OVCS.ORG](mailto:JHARDER@OVCS.ORG)

**RULES:**

1. NY HIGH SCHOOL MODIFIED BOUTS LENGTHS-1 MINUTE, 1 MINUTE, 1 MINUTE
2. SINGLET AND HEADGEAR PREFERRED (NO LOOSE CLOTHING)
3. SUDDEN DEATH OVERTIME ALL AGE GROUPS (1 MINUTE, THEN 30 SECONDS)
4. NO JV OR VARSITY EXPERIENCE
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> PLACES: 1) WIN/LOSS RECORD, 2) HEAD-TO-HEAD WINNER 3) # OF PINS 4) TOTAL POINTS 5) TOTAL TAKEDOWNS

**DIVISIONS: 6 & UNDER, 7 & 8, 9 & 10, 11 & 12, 13 & 14**

**AGES AS OF JANUARY 31, 2016:** PROOF OF AGE REQUIRED IF CONTESTED AND AGREED UPON BY THE TOURNAMENT DIRECTOR. EACH WEIGHT CLASS IS MADE UP OF 4 TO 6 WRESTLERS WHOSE **ACTUAL** WEIGHTS ARE CLOSEST TO EACH OTHER, TAKING INTO ACCOUNT LAST YEAR'S RECORD/PAST HONORS. COACHES MUST DO THEIR OWN WEIGH-INS AND **ACTUAL** WEIGHT MUST BE PUT ON REGISTRATION FORM. WRESTLERS WEIGHT MAY BE CHALLENGED PRIOR TO THE END OF THE FIRST ROUND OF WRESTLING FOR \$25.00; REFUNDABLE ONLY IF WRESTLER FAILS WEIGHT CHALLENGE.

WRESTLER MUST BE 3 LBS. OF HIS/HER REGISTERED WEIGHT. **RANDOM WIEGHT CHECKS WILL OCCUR AT**

**REGISTRATION.** NOTE: **TOURNAMENT DIRECTOR RESERVES THE RIGHT TO COMBINE OR ELIMINATE WEIGHT CLASSES.**

**AWARDS:** INDIVIDUAL MEDALS FOR 1<sup>ST</sup>, 2<sup>ND</sup>, AND 3<sup>RD</sup> PLACE. PARTICIPANT MEDALS FOR 4<sup>TH</sup> – 6<sup>TH</sup>

**ADMISSION:** \$3.00 FOR ADULTS, \$2.00 FOR STUDENTS, FREE UNDER 5 YEARS OLD, COACHES ARE ALSO REQUIRED TO PAY

**REFRESHMENTS:** FOOD WILL BE AVAILABLE ALL DAY

**NAME:** \_\_\_\_\_ **DIVISION** \_\_\_\_\_ **ACTUAL WT.** \_\_\_\_\_

**SCHOOL/CLUB** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

**AGE** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **RECORD** \_\_\_\_\_ **YRS. EXP.** \_\_\_\_\_

**PAST HONORS:** \_\_\_\_\_

IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I HEREBY, FOR MY CHILD, WAIVE AND RELEASE ANY AND ALL RIGHTS CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE VILLIAGE OF SOUTH OSTELIC, THE OV YOUTH WRESTLING PROGRAM, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE OTSELIC VALLEY CSD, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL 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 HEALTH/INJURY INSURANCE POLICY AS A REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

**PARENT'S SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_