

2016 Spencer Van-Etten Youth Wrestling Tournament

DATE: Saturday, February 13, 2016 – 5 MAN ROUND ROBIN

PLACE: Spencer VanEtten High School..Spencer NY

TIME: Wrestling Starts At 9:00am, check in from 7am – 8am

PRE-REGISTRATION REQUIRED: NO entries accepted after Tuesday February 9th, 2016

REGISTRATION & ENTRY FEE: \$25.00, by mail Limited to first 250 paid entries. Entry fees MUST be included, no exceptions!!!

Make checks payable to: SVEYA Wrestling Program

8 E. Pleasant Street

Po Box 87

VanEtten, NY 14889

For Further Information Contact:

Amanda Beach-607-342-2418 or Ambeach48@gmail.com

RULES:

1. NYS High School Modified - Bout Length: 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 1st, 2nd, 3rd, and 4th places: 1) won/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

AGE AS OF February 13, 2016: Proof of age required if contested and agreed upon by the Tournament Director. Each weight class is made up of 4 to 5 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 within 3 lbs. of his/her registered weight. Wrestler will be disqualified with no refund if he/she is over. Random weight checks will occur at registration.

NOTE: Tournament Director reserves the right to combine or eliminate weight classes.

AWARDS: Champion Tee shirt for 1st place , Medals for 2nd through 5th

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 _____

ADDRESS _____

STATE _____ ZIP CODE _____ PHONE# _____

AGE _____ BIRTH DATE _____ SCHOOL/CLUB _____

RECORD _____ Years Experience _____

PAST HONORS _____

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 spencer vanetten, the SVEYA Wrestling Program, it's agents, representatives, successors, the Spencer VanEtten Central School District 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: _____