

WINDSOR Youth Wrestling Tournament

SUNDAY, December 18, 2016

6 MAN ROUND ROBIN

DATE: Sunday, December 18, 2016

PLACE: Windsor High School, 1191 Rte. 79 Windsor, NY

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

PRE-REGISTRATION REQUIRED: NO entries accepted after Friday, December 16, 2016

REGISTRATION & ENTRY FEE: \$25.00, by mail

Limited to first 300 paid entries. Entry fees MUST be included, no exceptions!!!

Make checks payable to: Windsor Youth Wrestling Program

101 Victoria Drive

Binghamton, NY 13904

For Further Information Contact:

Michael Rooke (315) 868-2430 or mpr3477@yahoo.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 December 17, 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 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: Individual Trophies for 1st through 3rd place, Medals for 4th through 6th

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 _____ YEARS Exp. _____

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 Windsor, the Windsor Wrestling Program, it's agents, representatives, successors, the Windsor 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: _____