



Salamanca Youth Wrestling

7th Annual Andy Leder Memorial Tournament SUNDAY, January 15, 2017

*****Headgear is Mandatory*****

DATE: Sunday, January 15, 2017

SITE: Allegany Community Center, 3677 Administration Drive, Salamanca, NY 14779

Mail registrations to: Salamanca Youth Wrestling, 78 State Park Ave., Salamanca, NY 14779

For more information: www.salamancayouthwrestling.org / Email: salamancayouthwrestling@yahoo.com

Call: 716-244-7597

ELIGIBILITY: 1ST & 2ND year wrestlers only (12 yrs. Old & under as of January 15, 2017)

ENTRY FEE: \$15.00 per wrestler/ \$17 per wrestler @ PYWrestling site PRE-REGISTERED

(must be **received** by January 14, 2017) /\$20.00 per wrestler at the door

Make checks payable to: Salamanca Youth Wrestling Inc. (\$35.00 return check fee)

TEAM DISCOUNT: 10 or more wrestlers \$12.00 per wrestler PRE-REGISTRATION ONLY BY JAN. 14, 2017

Registrations must be sent together for Team Discount

NO PHONE REGISTRATIONS

NO REFUNDS

ONLY 3 COACHES ADMITTED FREE

ADMISSION: \$3.00 Adults – Students \$1.00 - Under 5 - Free

WEIGH-INS: 10:30 a.m. until **NOON**

AWARDS: Awards will be given to each wrestler.

WRESTLING WILL BEGIN AT 12:30 SHARP & END AT APPROXIMATELY 5:30

Cafeteria will open at 10 a.m. & remain open until 5:30 p.m.

EXPLANATION OF TOURNAMENT

This is a beginning-wrestling tournament to provide match experience to new wrestlers. Every effort is made to pair the wrestlers to each other's AGE, WEIGHT & EXPERIENCE. Each wrestler will receive a bout sheet that he/she will carry into weigh-ins. Bout sheets will be collected after weigh-in and after each match. All wrestlers will wrestle 3 individual matches. If within the first two matches a wrestler gets pinned within 30 seconds, the official will restart the match in the neutral position, (allowing more mat time) and the wrestler who pinned his/her opponent will be awarded the win. When the wrestler has completed his/her 3 matches they will be given their award. We wish for you a safe trip and a very enjoyable visit with us in Salamanca!

Skin Checks are mandatory!!!! Nurses have final say!!! Doctor's note must be presented for exception!

NAME _____ TEAM _____

ADDRESS: _____ / _____ / _____ / _____
STREET CITY ST ZIP

PHONE : (_____) _____ E-MAIL _____

DATE OF BIRTH: ____/____/____ AGE: _____ WEIGHT: _____

WRESTLING EXPERIENCE- PLEASE CIRCLE: **1ST YEAR / 2ND YEAR**

In consideration of your acceptance of my entry, I intend to be legally bound hereby for myself, my heirs, and assigns and waive any and all claims to damages, which I have against the Salamanca Youth Wrestling Boosters (parents), The Seneca Nation and anyone involved in the tournament.

Parent/Guardian Signature

_____/_____/_____
Date