

1st Annual Chad Sindoni Wrestling Tournament - 6 MAN ROUND ROBIN
NOVICE TOURNAMENT

0 to 1 full year of experience ONLY --- must be in 1st or 2nd year of wrestling

DATE: Sunday, February 12, 2017

PLACE: Athens High School --- new gymnasium

TIME: Wrestling Starts At 9:30 AM Must check in by 8:30 or you will be scratched. NO WALK-INS

REGISTRATION DEADLINE: Thursday, February 9, 2017, 8:00PM. (LIMITED to 400 ENTRIES)

REGISTRATION & ENTRY FEE : \$25.00 (By Mail)
\$23.00 (Online Registration)

Make checks payable to: Athens Wrestling Club

Mail entries to :

Kevin Rude
220 Washington St.
Sayre, PA 18840

Tournament questions:

Shawn Bradley
(570)-250-2355
shawn.bradley@globaltungsten.com

RULES :

1. PIAA modified, Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlets and head gear optional (no loose clothing).
4. Overtime (1 minute sudden victory, 30 second ride out)
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1st, 2nd, and 3rd places:
 - 1st criteria: won/loss record
 - 2nd criteria: head-to-head winner
 - 3rd criteria : # of pins
 - 4th criteria: total points
 - 5th criteria: total takedowns

DIVISIONS : 6 & Under 7 & 8 9 & 10 11 & 12

AGE AS OF FEBRUARY 12, 2017:

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 years experience and last year's record. **Coaches** must do their own weigh-ins and **ACTUAL** weight must be put on registration form. Weight brackets will vary no more than 10 pounds, unless heavyweight class in each age group.

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

AWARDS : Individual - Awards for 1st through 6th place.

ADMISSION: \$5 - Adults
\$3 - Students
Free – Pre-School and Senior Citizens

REFRESHMENTS : Concession stand will be available all day.

NAME _____ DIVISION _____ ACTUAL WEIGHT _____

ADDRESS _____

STATE _____ ZIP CODE _____ PHONE # _____

AGE : _____ BIRTH DATE _____ SCHOOL / CLUB _____

LAST YEAR'S RECORD _____ YEARS EXPERIENCE _____

I hereby give permission for my child to participate in this wrestling tournament and accept responsibility for the conduct of the above named child while on Athens High School premises. I hereby release the Athens Wrestling Club, the Athens School District, any sponsoring bodies, their officers, tournament officials, and referees from any or all liabilities due to participating in the Athens Little Cats Wrestling Classic.

SIGNATURE OF WRESTLER : _____ **DATE :** _____

SIGNATURE OF PARENT OR GUARDIAN : _____