

Bolivar-Richburg Youth Wrestling

12th Annual Round Robin Tournament

February 19, 2017

*****Ohio Tournament of Champions Qualifier*****

*****Gene Mills Qualifier*****

*****NY Top 100*****

PLACE: Bolivar-Richburg High School, 100 School St, Bolivar, NY 14715

TIME: Doors open @ 7:00 and all wrestlers must have skin check and weigh in by 8:00. Coaches meeting at 8:15 and wrestling starts at 8:30.

REGISTRATION: Mailed registration required by Friday, February 18, NO emailed or phone in registrations will be excepted!! Payment required with registration. No walk-ins
**First 300 registered

ENTRY FEE: \$25 per wrestler. No refunds.
\$40 charge on returned checks.
Make checks payable to B-R Youth Wrestling Club.
Mail to: Heather Allen, 76 Pleasant St, Bolivar, NY 14715

WEIGH-INS & SKIN CHECK: Saturday evening 5:00-6:00 or Sunday morning 7:00-8:00. All wrestlers must weigh in with singlet on and weigh what weight is written on this form. NO weight allowances.
**Brackets will already be done so please make sure weight and age are correct when filling out the form.

REQUIREMENTS: Ages 4yrs-12TH grade as of February 19, 2017. Proof of age required if challenged. Varsity wrestlers welcome.

DIVISIONS: I: 6&under II: 7&8 III: 9&10 IV: 11&12 V: 7-9th grade
VI: 10-12th grade
*12yr olds in 7th grade can wrestle 11&12 division

AWARDS: 1st through 4th place in each bracket. Team trophies for 1st through 3rd place

FORMAT: Three 1 minute periods for divisions I-IV. Three 1.5 minute periods for divisions V-VI. 10 points for tech. NY high school rules. Referees decision is final.

ADMISSIONS: \$3 Adults and \$1 Students. 2 Coaches free per team

REFRESHMENTS: Available all day in cafeteria. No food or drink in gym.

NAME: _____ TEAM: _____

AGE: _____ EXACT WEIGHT: _____ DIVISION: _____

BIRTHDATE: _____ PHONE: _____

I would like to participate in the NY top 100 rankings: YES NO (circle 1)

I hereby, for myself and for my child, release the Bolivar-Richburg Youth Wrestling Club, Bolivar-Richburg Central School, Allegany County School District, and all officials of this tournament from any claims, liabilities, or rights to damage for any injuries or losses suffered by my child or myself directly or indirectly in training for, traveling to and from participating in the Bolivar-Richburg Youth Wrestling Tournament. I HAVE MY OWN INSURANCE.

Signature of legal guardian: _____

Date: _____