



**Glens Falls**



# **Youth Wrestling Tournament**

**When:** Sunday January 22, 2017

**Where:** Glens Falls High School (10 Quade St, Glens Falls, NY 12801)

**Cost:** \$25 entry fee (Checks to: Glens Falls Wrestling)

**There is no admission charge for spectators.**

<b>Division</b>	<b>I</b>	<b>II</b>	<b>III</b>	<b>IV</b>	<b>V</b>
<b>Age</b>	<b>5-6</b>	<b>7-8</b>	<b>9-10</b>	<b>11-12</b>	<b>13 – 14</b>

**Wrestler Eligibility:** Any wrestler who HAS competed at the Junior Varsity or Varsity Level is NOT eligible for this tournament.

**Awards:** T-Shirts for Champions, Medals for 2<sup>nd</sup> – 4<sup>th</sup> Place

**Registration / Weigh-ins:** 7:30 am – 8:30 am

**Seeding Meeting:** 8:30 am – 9:30 am

**Matches:** High school rules in effect.  
Three - One minute periods.  
High school rules will be followed overtime.  
Certified referees will be used.

**Our Glens Falls Wrestling Club will be selling food and beverages.**

*Parents, please make every effort to enforce and model good sportsmanship. We are enforcing this expectation for spectators and competitors to ensure an enjoyable experience for everyone.*

Contacts: Matt Miller at [mmiller@gfsd.org](mailto:mmiller@gfsd.org) or Wayne Hayes at [wayne.hayes@gmail.com](mailto:wayne.hayes@gmail.com)

**Glens Falls Youth Wrestling Tournament – Sunday, January 22, 2017**  
**Official Entry Form**

Division _____	Weight _____	PD _____
<b>LEAVE THIS BOX BLANK</b>		

\$25.00 Entry Fee. Please make checks payable to **Glens Falls Wrestling**.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ Parent email: \_\_\_\_\_

SCHOOL DISTRICT OR TEAM REPRESENTING \_\_\_\_\_

GRADE \_\_\_\_\_ COACH \_\_\_\_\_ Parent \_\_\_\_\_

I hereby release the Glens Falls Wrestling Club, the Glens Falls City School District, the tournament officials and the referees from any and all claims regarding any accident, injury, illness or liability that may be caused in conjunction with this tournament, and I will be responsible in-full for the health, safety, and welfare of my child.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Pooling information: please provide pertinent prior wrestling experience (that is: tournament honors and awards, years of experience, etc.). Also include an overall rank (see scale below).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall Rank: \_\_\_\_\_

Leaving this blank will result in being put in with the stronger competition.

A - Experienced and skilled wrestler for age

B - Some experience, good athlete, basic skills

C - Novice level for skills, little experience with competition