

GREENE'S BOB CARLIN ANNUAL YOUTH & HIGH SCHOOL WRESTLING TOURNAMENT

Saturday, March 18, 2017

Greene High School Gymnasium, 40 South Canal Street, Greene, NY

Check-in 7:00-8:00 a.m. Wrestling to begin at 9:00 a.m.

***** PRE-REGISTRATION ONLY *****

Limit first 350 paid wrestlers

**All Registration Forms Must Be Received No Later than Wednesday, March 15th at 4:00 p.m.
Must fill out registration form completely.**

6-Man Round Robin Format

RULES:

1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlet and headgear preferred (no loose clothing).
4. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1st, 2nd, 3rd, 4th, 5th & 6th places:
 - 1st criteria: win/loss record
 - 2nd criteria: headtohead winner
 - 3rd criteria: # of pins
 - 4th criteria: total points
 - 5th criteria: total takedowns

Age Divisions: 6&U, 7&8, 9&10, 11&12, 13&14, High School

Admission: \$3 for adults; \$2 for students; free for children under 5
Concessions will be available all day.

Each weight class is made up of 4-6 wrestlers, whose ACTUAL weights are closest to each other, taking experience and record into account. Coaches must do their own weigh-ins and ACTUAL weight must be included on the registration form. Random weight checks may be conducted. Tournament director reserves the right to combine or eliminate weight classes. If experience/record information is left blank, wrestler will be grouped with the most experienced/successful wrestlers. Proof of age, as of March 18, 2017, required if contested.

Individual Awards: Trophies/medals for 1st-6th place finishers.

Team Awards: Trophies for top 3 teams (10 wrestlers per team; roster filled out day of tournament)

COST \$25.00 PER WRESTLER

Make Checks Payable To: GREENE WRESTLING CLUB

Mail To: Stan Fendryk, 471 County Road 9, Chenango Forks, NY 13746

Email: stanfendryk@gmail.com

No Walk-Ins and No Refunds.

----- ENTRY FORM -----

NAME _____ DATE OF BIRTH _____ AGE _____ WEIGHT _____

ADDRESS _____ PHONE _____

SCHOOL/CLUB _____ YEARS of EXPERIENCE _____ 2016-2017 RECORD _____

HONORS/RELEVANT SEEDING INFO _____

Use back if necessary

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 GREENE, THE GREENE WRESTLING BOOSTER CLUB, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GREENE SCHOOL DISTRICT AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL TAKE ALL 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 POLICY AS REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

PARENT'S SIGNATURE _____ DATE _____

MUST BE RECEIVED BY Wednesday, March 15th at 4:00 p.m.; POSTMARKED BY Monday, March 13th