



Guilderland Youth Wrestling Tournament

Sponsored by the Guilderland Wrestling Booster Club

Date: Sunday January 22nd, 2017
Place: The Big Guilderland High School Gymnasium
Cost: \$20 per wrestler (Check to: **Guilderland Wrestling Booster Club**)

NO PRE-REGISTRATION

Time Schedule: **Weigh-ins** 7:30 - 8:30 am for **Divisions 1-2-3**
Seeding for **Divisions 1-2-3** 8:30 - 9:30 am
Wrestling starts approx. at 10:00 am for **Divisions 1-2-3**

Weigh-ins 11:00 am-12 pm for **Divisions 4-5**
Seeding for **Divisions 4-5** 12:00 - 1:00 pm
Wrestling starts approx. 1:30 pm for **Divisions 4-5**

Age Divisions: **Div 1** – 5 to 6 years old
Div 2 – 7 to 8 years old **Div 4** – 11 to 12 years old
Div 3 – 9 to 10 years old **Div 5** – 13, 14 & 15 years old

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

Match Rules: NYS High School Rules will be used including all **Sportsmanship policies**. Three one-minute periods with a one minute sudden death overtime period, 30 sec. tiebreakers.

Seeding: Based on years experience and past tournament places.

Awards: For the top four finishers in each weight class.
Maximum of six wrestlers per weight –Round Robin format.
Our Wrestling Booster Club will be selling food and beverages.

Directions: **8 School Rd, Guilderland Center NY 12085**
87 South to 20 West (Western Ave). Take a left on 146W and head towards Altamont. When you come to your first light, take a left. The school is ¼ mile down on the left. Enter the **3rd** entrance and drive to the back of the building. The gym is straight ahead

Questions: Don Favro (518) 892-1906 or favrod@guilderlandschools.net

NO PRE-REGISTRATION All registration will be done the morning of the tournament.

LEAVE THIS BOX BLANK

Division _____ Weight _____ Pool _____

PLEASE FILL OUT LEGIBLY

Name _____ Division _____ Age _____ Grade _____

Address _____

Phone # _____ Cell # _____

School Affiliation _____ Coach _____

I hereby release the Guilderland School District, the Guilderland Wrestling Booster Club Members, Coaches, Directors, Officials, Score Keepers, and Referees from any and all claims regarding any injury or illness that may be caused in conjunction with this tournament, including any dental work. I am aware that this is a physical contact activity in which my child has a possible risk of injury. I will be responsible in full for the welfare of my child.

Parent or Guardian (Required)

Date

Seeding Info

Years of Experience: _____ Past Tournament Honors: _____
