



JOHNSON CITY WRESTLING CLUB  
ROUND ROBIN TOURNAMENT  
Saturday, January 7, 2017

Place: Johnson City **High** School, 666 Reynolds Road, Johnson City, NY 13790

Time: Check in 7:00am – 8:00am, wrestling starts: 9:00 am

Entry Fee: \$25.00 made payable to Johnson City Wrestling Club

Entry Deadline: Pre-registration: Entries must be post marked by **January 2, 2017**. NO WALK-INS

Weigh-ins: No weigh-ins. We are using the honor system. Put actual weight on form. Wrestler's weight may be challenged prior to the end of the first round of wrestling for a fee of \$20. If you win challenge you will get your money back and wrestler will be disqualified without refund of registration if they are over. Wrestler must be within 2 lbs of their registered weight. No refunds if challenge is failed.

Weight Class: Madison style bracketing to group the wrestlers together in groups of 5 (some groups will have 3, 4 or 6 wrestlers depending on the turnout).

Criteria: 1<sup>st</sup> criteria: win/loss record  
2<sup>nd</sup> criteria: head to head winner  
3<sup>rd</sup> criteria: number of pins (forfeits count as a pin)  
4<sup>th</sup> criteria: total points  
5<sup>th</sup> criteria: total takedowns

Age: Age as of date of tournament.

Divisions: Pee Wee (6 & Under) Bantam (7 & 8) Midget (9 & 10) Junior (11 & 12)

Admission: \$3.00 for Adults / \$2 for children

Awards: T-Shirts for 1<sup>st</sup> Place, Medals for 2<sup>nd</sup> and 3<sup>rd</sup>

Contacts: Corky Armstrong: 607-237-5480 Tina Bidwell: 607-743-2430

Mail entries: Tina Bidwell, 92 Virginia Avenue, Johnson City, NY 13790

\*\*\*concessions will be available all day\*\*\*

Wrestler's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

School / Team \_\_\_\_\_

2015-2016 Record \_\_\_\_\_ Past Honors \_\_\_\_\_

I certify that the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release the Johnson City School District, the Johnson City Wrestling Club, its officers and the tournament referees from liability for injury or loss suffered by me or my wrestler directly or indirectly as a result of this tournament.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_