

# 40th Annual Massena Junior Wrestling Tournament NYWAY Sanctioned

## *NEW - PRE-REGISTERED TOURNAMENT*

**DATE:** Sunday, February 5, 2017

**PLACE:** Massena Central High School, Rt 37, Massena, NY

**WEIGH-INS:** 9:00 – 10:00 AM Wrestling to begin approximately 10:30 AM  
(Must be within 2lbs of Pre-Registration weight.)

**RULES:** Age as February 5, 2017: 14 and under. **NO VARSITY EXPERIENCE.** Wrestlers can enter only one weight class and division. Double elimination, 8 man brackets, high school rules, proof of age required. Bouts 1-1-1, 6-12 years, 1-1.5-1.5, 13-14 years, a completed and signed entry form, and a **2016-2017 NYWAY membership card required.**

**NYWAY Cards:** You are **strongly encouraged** to purchase your own through your club or online at **NYWAY.org** prior to our tournament.

**AGES:** 6 yrs. & under, 7-8 years, 9-10 years, 11-12 years, 13-14 years.

**AWARDS:** Medal, Wall chart, & Champion shirt for 1<sup>st</sup> place, medals for 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> place.  
Age 8 and under will receive a participation medal for 5-8 places.

**Most Outstanding Wrestling trophy for each Division.**

**Team Trophy – Top 3 Teams (list of 10)**

**ENTRY FEE:** \$25.00 per Wrestler

**FOOD:** Concession stand will be open for breakfast, lunch, and snacks.

**DEADLINE:** Must be receive by February 1<sup>st</sup>. Mail to: 95 Stoughton Ave, Massena, NY 13662  
(Late entry after Feb. 1st will be an extra \$5.00)

**CONTACT PERSON:** Scott or Kathy Perrine 315-842-8090 or skperrine1994@gmail.com

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### Entry form – **Please Print**

Wrestler's

Name \_\_\_\_\_ Age \_\_\_\_\_ NYWAY# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Record: Wins \_\_\_\_\_ Losses \_\_\_\_\_ Weight \_\_\_\_\_

School District \_\_\_\_\_ Age Group \_\_\_\_\_

Wrestling: Beginners \_\_\_\_\_ Immediate \_\_\_\_\_ Advance \_\_\_\_\_

**Release: I hereby release from any and all claims regarding any injury or illness that may be caused I conjunction with this tournament against the Massena JR Wrestling Club, the Massena Central School District, Tournament Officials and Referees. I will be fully responsible for the welfare of my child.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Official Use Only) Weight-In Weight \_\_\_\_\_