

Northeast Bradford Matt Clutter Wrestling Tournament 6-man Round Robin

Date: January 21, 2017

Time: 9:00 a.m. Start

Application Deadline: January 19, 2017 — Mail-in applications must be post marked by this date. No applications will be accepted after this deadline.

Entry Fee: \$25.00 mail in registration. \$27.00 online registration.

Age Divisions: 6 & Under 7&8 9&10 11&12

Weight Classes: Each weight class is made up of 4 to 6 wrestlers whose **actual** weights are closest to each other, taking into account years' experience and last year's record. Coaches must do their own weigh-ins. Random weight checks may be conducted throughout the day. Weight brackets will vary no more than ten pounds.

Rules: *Any wrestler with Varsity Experience may NOT compete.

*PIAA, Bout length: 1-1-1-(minute) 12&under. 11/2-11/2-11/2 (minutes) 13&14

*Tournament Directors reserve the right to eliminate or combine any groups where they deem appropriate.

*Wrestlers may only compete in one division (group).

*Age as of day of tournament (proof if challenged), weight within 2 lbs. (if challenged)

***Criteria for 1st, 2nd, 3rd places:**

*1-win/loss record

*2-head to head winner

*3-# of pins

*4-total points

*5-total takedowns

Awards: Wrestler: Trophies 1st, 2nd & 3rd places. Medals for 4th, 5th & 6th

Team: Trophies 1st, 2nd, 3rd (10-man roster)

Admission: Adults- \$5.00 Students-\$3.00 Seniors & Preschool-Free **All coaches must pay!**

Food: Available throughout the day.

Information: Kate Eastabrook 570-744-1601 or Keastabrook@yahoo.com

Mail entries to: 67 Cooley Rd Wyalusing, Pa 18853

Make checks payable to: Northeast Bradford Youth Wrestling Club

I certify that the information below is correct and that the participant is covered by either school insurance or a family health plan. I hereby release any and all rights and claims for damage I may have against the Northeast Youth Wrestling Club, Northeast Bradford Area School District and employees, the tournament committee, club officers, referees and any sponsoring bodies from any liability or any injury or loss suffered by me or my wrestler directly or indirectly as a result of this tournament.

Parent's signature: _____ **Division:** 6&U 7&8 9&10 11&12

Wrestlers Name: _____ **Birthdate:** _____

AGE: _____ **Weight:** _____ **Years' Experience:** _____

Phone# _____ **Last Yrs. Record:** _____

School: _____