



# RAY NURSE MEMORIAL TOURNAMENT

## RED JACKET YOUTH WRESTLING



### GENE MILLS EASTERN NATIONALS QUALIFIER

Date: Saturday March 11<sup>th</sup> 2017

Location: Red Jacket High School Rt 21 Manchester, NY

5/6, 7/8, 9/10, 11/12, 13/14 age groups

7:30 to 8:30 a.m. Registration: Wrestling Begins at 9:30 a.m.

**Honor Weigh In** - Tournament officials have the right to challenge Weights

#### PRE-REGISTRATION ONLY!!

Registration Deadline: Thursday March 9<sup>th</sup>

Limit 250 Wrestlers

**NO JV OR VARSITY EXPERIENCE!!**

Round Robin Tournament: 4 man brackets (when possible) 5 man brackets if needed.  
Section V Certified Officials

**Entry Fee: \$20.00 Registration (one entry per wrestler)**

**Admissions: \$3.00 Adult, Children Free**

Eligibility: Age determined as of 3-11-17

(must show proof if challenged, \$20.00 fee to challenge, Non-refundable if challenge is lost)

Food: Concessions Available ALL DAY

Rules: Three one minute periods for 5-6, 7-8, 9-10 year olds.

One and a half minute periods for 11-12, 13-14 year olds.

Section V High Schools Rules!!

Awards: T-Shirts and medals for first, medals for second, third, and fourth

Information: Todd Maslyn – 315-945-1671

Chris Schwalbach – 585-905-1539

Josh Constantino – 585-364-9939

Email: <mailto:redjacketyouthwrestling@gmail.com>

**Mail Entries to: Todd Maslyn**

**31 North Ave**

**Manchester, NY 14504**

I understand that wrestling is a sport which involves risk. 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 Finger Lakes Youth Wrestling League Inc., The Red Jacket Schools, and their agents and representatives. Furthermore, I take responsibility for any and all injuries suffered by my child at said tournament. I understand that my child must be covered by a health/injury insurance policy and by my signature below certify that he/she is covered. I agree to be responsible for any damages caused by my child. I understand that poor sportsmanship and inappropriate behavior will not be tolerated and will be grounds for removal from the tournament without refund.

Parents Signature \_\_\_\_\_ Wrestlers Signature \_\_\_\_\_

Wrestlers Name Printed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Team/School \_\_\_\_\_ Years Exp. \_\_\_\_\_

**\*\*Please make checks payable to: Red Jacket Wrestling\*\***