

Sidney Youth Wrestling

Saturday, March 4th

Sidney High School Gymnasium

95 West Main ST.

Sidney, NY 13838

Registration : \$25.00 Pre-Registration Only- Entries received by March 2nd
Honor weigh ins- wrestlers must be within 3lbs

Email registration to Sidneyyouthwrestling@gmail.com/ or **Mail To:** Kyla Mott

Please make checks to Sidney Youth Wrestling

Po Box 43

Masonville, NY 13804

Time: Check-ins 7:00-8:00am

Wrestling will start at 9:00am

Admission: \$3.00 Adults \$1.00 Students

Concession will be served all day also there will be a clothing vendor

Divisions: 6&under 7&8 8&9 9&10 11&12 13&14 (NO JV or Varsity experience)

Age as of March 4th. Proof of age and weight will be required if contested and agreed upon by tournament director. Weight can be challenged with a \$25.00 fee. Each weight class is made up of wrestlers weight and experience.

Rules: 6 man round robin

Bout Time 1min-1min-1min

Overtime 1min sudden death

Criteria: 1st -win lose record, 2nd-head to head winner, 3rd number of pins, 4th total points, 5th total takedowns

Awards: 1st 2nd 3rd 4th place Trophies 5th and 6th Medals

1st 2nd 3rd place Team Trophies - teams made up of 10 wrestlers

Tournament info: Randy Newell 607-267-3132 Kyla Mott 435-6819

Email: sidneyyouthwrestling@gmail.com

Entry Form:

Name: _____ DOB: _____ Division: _____

Age: _____ Weight: _____ Years Exp: _____ Record: W _____ L _____ School/Club: _____

Address: _____ State: _____ Zip: _____ Phone: _____

In consideration of this entry being accepted, I hereby assume full responsibility for my child in case of any injury and loss of personal belongings while traveling to and from, and/or participating in the Sidney Youth Wrestling Tournament. I will not hold the Sidney Central school district, Sidney Youth Wrestling coaches responsible for any liability. I also understand my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament.

Parents/Guardian Signature _____