

**Dolgeville Youth Wrestling Tournament**  
6 Man Round Robin Tournament (Pre-Registration Required)

**DATE:** Sunday, January 28, 2018

**LOCATION:** Dolgeville Central School, 38 Slawson St., Dolgeville, NY 13329

**WEIGH-INS/CHECK-INS: All wrestlers must check-in between 7 am and 8:15am**

**There will be NO weigh-ins to start the tournament.**

Please provide **actual weight** to allow us to group wrestlers before tournament.

Wrestler's weight may be challenged during the first round of tournament.

Wrestler must be within 2 lbs. of weight listed on entry form.

**\*\*There will be random weight checks at check in.**

**DIVISIONS:** YOUTH: (6 and under)  
BANTAM: (7-8 yrs)  
MIDGET: (9-10 yrs.)  
JUNIOR: (11-12 yrs.)  
INTERMEDIATE: (13-14 yrs.)  
WRESTLING BEGINS: 9 am

**ENTRY FEE:** \$25.00

**REGISTRATION:** Pre-Registration & Payment required by January 23, 2018- No Walk Ins- No refunds  
You must pre-register for tournament. If you do not pre-register, you do NOT wrestle.  
(LIMITED TO FIRST 300 WRESTLERS)

**PAYMENT:** Make Checks Payable to: Dolgeville PeeWee Wrestling  
**SEND TO:** Jeremy Calkins 169 Kilts Hill Road, Little Falls, NY 13365

**WRESTLING RULES:**

- 6 man Round Robin where possible (weights can be combined up to 10%).
- Bout length 1, 1, 1 (1<sup>st</sup> point scored in overtime wins)
- **TIE BREAK:** Wins/losses, Head to head, Total pins, Total takedowns, Total points scored.
- Everyone must have proof of age if challenged, including person challenging.
- Wrestlers can pay to wrestle in 2 divisions but not in 2 weight classes in the same division.  
Wrestlers competing in more than 1 division will forfeit the 45 min rest period.
- NO VARSITY OR JV EXPERIENCE ALLOWED.

**ADMISSION FEE:** Adults: \$2.00 Students/Children: Free

**REFRESHMENTS:** Snacks and drinks will be available for purchase.

**INFORMATION:** Any questions, please contact: Jeremy or Mary Calkins (315) 264-9656  
or email: [jcalkins@dolgeville.org](mailto:jcalkins@dolgeville.org) / [mcalkins2009@gmail.com](mailto:mcalkins2009@gmail.com)

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGE(as of 1/28/18) \_\_\_\_\_ PHONE: \_\_\_\_\_  
DIVISION: \_\_\_\_\_ ACTUAL WEIGHT: \_\_\_\_\_  
SCHOOL OR CLUB: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

In consideration of this entry being accepted, I hereby release the Dolgeville Youth Wrestling Club, Dolgeville Central School District, coaches and tournament officials from any and all claims, liabilities, and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Dolgeville Youth Wrestling Tournament.

I have insurance coverage for the wrestler.

Signature of wrestler: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_