

39th Annual Norwich Junior Wrestling Tournament

Sunday February 18th 2018

Norwich High School, 89 Midland Drive Norwich, NY 13815



4-6 Man Round Robin

Team Trophies for 1st, 2nd and 3rd
Champion T-Shirts & Medals for 2nd
through 6th place



- Entry Fee:** \$25.00 Make checks payable to Norwich Wrestling Booster Spectators-\$3.00 Adults, \$2.00 Students, 5 and under free
- Time:** Check in by 8:00am Wrestling will begin at approximately 9:00am
- Registration:** Registration due by **February 16, 2017 by Midnight. **ABSOLUTELY NO WALK-INS!****
Mail to: Matt Telesky **Email:** Mtelesky09@gmail.com **Phone:** 607-226-4407
Norwich Wrestling C/O
114 Telesky Drive
Norwich, NY 13815
- Weigh-ins:** Madison Style~ Honor Weights -random weight checks must be within 3 pounds of weight on registration or will result in disqualification- without refund.
- Age:** Pee Wee Jr.(6 and under), Pee Wee (7 & 8), Midget (9 & 10), Intermediate (11 & 12), Junior (13& 14- No JV or Varsity exp.), Senior (13-18 must be in high school to participate) Age as of 2/18/17
- Rules:** NYS Modified High School Rules – bout length 1 minute; 1 minute; 1 minute. Senior 1-1/2 minutes, 1-1/2 minutes, 1-1/2 minutes. Sudden death overtime: All age groups (1 minute, then 30 second ride out)
All Referee calls are final
Criteria: 1st: win/loss record, 2nd head to toe winner, 3rd # of pins, 4th total points, 5th total takedowns.

In consideration of the entry being accepted, I hereby waive, release and remise the Norwich Central School, the city of Norwich, the Norwich Junior Wrestling Club, the tournament officials, coaches or any personnel associated directly or indirectly from training for, traveling to and from, or attending or competing in the aforementioned tournament. Bad sportsmanship or bad conduct from a wrestler, parent, coach, or spectator may result in being asked to leave the tournament facilities. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury insurance policy.

PARENT'S SIGNATURE: _____ DATE _____

Name _____ Division _____ Weight _____ Age _____

Grade _____ Address _____

Phone # _____ School/Club Affiliation _____

PLEASE LEAVE BLANK

Division _____ Group _____