



**2018**  
**Spencer – Van Etten Youth Wrestling**  
**Tournament**

**Date:** Sunday, January 7, 2018

**Registration Due:** no later than Thursday January 4, 2018

**Location:** Spencer - Van Etten High School, 16 Darts Cross Rd., Spencer, New York 14883

**Weight's:** Please list wrestlers actual weight. We reserve the right to check a wrestler's weight. Wrestler must be within 2lbs of listed weight or the wresler will be disqualified without refund. Proof of age required if challenged.

**Check - In:** 7 A.M. to 8 A.M. No WALK IN's will be accepted

**Rules:** NYS modified rules, periods 1-1-1 min, 1 min Sudden death OT, 30 second ride out, all Referee calls are final

**Wrestling:** Start time 9 AM, Headgear & singlet suggested No loose clothing.

**Divisions:** 6 & under, 7&8, 9&10, 11&12 (1½ min periods for 11 & 12) age as of the day of the event

**Format:** 4 to 6-man round robin open. We reserve the right to combine weight classes.

**LIMITED TO THE FIRST 250 ENTRIES**

**Entry Fees:** \$25.00 Make checks payable to: SVEYA Wrestling (no refunds except for cancellation)

**Awards:** 1<sup>st</sup> place Belt and winner's bracket, 2-3<sup>rd</sup> place medals

**E-Mail Entries to:**

**Contact:** Rich Ruben, sveyawrestling@gmail.com, 607-589-7515 check [www.sveya.org/wrestling](http://www.sveya.org/wrestling) for info

**Admission:** Adults \$3.00, \$2.00 kids (Head coaches Free for registered teams! Limit two Coaches per team)

**Concession:** Food will be available all day

Waiver: I, the undersigned, hereby declare that if I am accepted to participate in the SVEYA Wrestling Tournament, I will do so at my own risk and of my own free will. I will not, in any way, hold liable the sponsors, tournament officials, Spencer – Van Etten School District or employees, referees, or any associate of SVEYA Wrestling, for any injuries or losses that I might receive, directly or indirectly, while traveling to or from, or competing therein. I understand that if I (my child) has any suspicious skin markings, I (my child) might not be allowed to enter the tournament without a doctor's note stating the he / she is free of any contagious condition.

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

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

Wrestlers name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Experience: newbie, 1&2 yr novice, 3+yr experience, quality veteran, STUD, Division: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

\*Honest weight\*: \_\_\_\_\_ Email: \_\_\_\_\_

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

Coaches Name: \_\_\_\_\_ Team/School/Club: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Team emailed entries to be all at one time