



# 2018 Sabers Youth Wrestling Novice Tournament

**\*\*FIRST OR SECOND YEAR WRESTLERS ONLY\*\***

**Date:** Sunday December 23, 2018

**Registration:** Due no later than Thursday December 20, 2018 must pre-register, NO WALK IN's accepted.

**Time:** Sign-in 7:30 to 8:30 am. Wrestling to begin @ 9 am.

**Location:** Susquehanna Valley High School, 1040 Conklin Rd. Conklin, New York 13748

**Weights:** Madison Weights must be within 2lbs of listed weight. Please be honest with wrestlers' weights.

**\*\*THERE WILL BE RANDOM WEIGHT CHECKS\*\***

**Rules:** NYS modified rules. Periods 1-1-1 min, Sudden death OT. All Referee calls are final

**Divisions:** 6 & under, 7&8, 9&10, 11&12. Age as of Dec 23, 2018

**Format:** 4 to 6 man round robin open. **LIMITED TO THE FIRST 250 ENTRIES.** Wrestlers from the same school or club will try to be separated. Tournament officials have the right to bracket classes as needed.

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

**Admission:** All Adults (coaches too) \$3.00, \$1 for kids not wrestling

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

**Awards:** Medals for all participants

If part of email team roster, Entry form must be presented at check-in or with team check-in.

**Entries:** Email preferred - **SVyouthwrestling@gmail.com** (please send team entries together).

Mail entries to Jeremy Polhamus 283 Ahern Rd Binghamton, NY 13903

**Contact:** Jeremy Polhamus 760-496-8040 or Shawn Farley 607-727-1199

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

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

Division: \_\_\_\_\_ \*Honest weight\*: \_\_\_\_\_ Years Exp: \_\_\_\_\_

Team/School/Club: \_\_\_\_\_

I hereby declare that if my son / daughter is accepted to participate in the SV Youth Wrestling Novice Tournament, he/she will do so at his/her own risk and own free will. I will not, in any way, hold liable the sponsors, tournament officials, Susq. Valley HS district or employees, referees, or any associate of SV Youth Wrestling, for any injuries or losses that he/she might receive, directly or indirectly, while traveling to or from, or competing therein. I also state for the record that he/she is covered by all appropriate insurances needed to compete in contact sports. I understand that if my child has any suspicious skin markings, my child might not be allowed to enter the tournament without a doctor's note stating that he/she is free of any contagious condition.

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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