



2018

Spencer – Van Etten Youth Wrestling

Dual Meet

Date: Saturday, January 6, 2018

Registration Due: no later than Thursday December 28, 2017

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

Weight's: 48, 52, 56, 60, 64, 68, 72, 76, 80, 85, 90, 100, 110, 125, and HWT. Wrestler must be not over 1lbs of listed weight if challenged or the wresler will be disqualified without refund.

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.

Format: Team Dual Meet: Fall, Forfeit, Default, DQ =6PTS Tech Fall =5PTS Major Dec =4PTS Dec =3PTS.

Two Table Workers to be Provided by Each Team.

LIMITED TO THE FIRST 8 PAID TEAMS

Entry Fees: \$300.00 Per Team. Make checks payable to: SVEYA Wrestling (no refunds except for event cancellation)

Awards: 1st place Large Team Trophy, 2-3rd place team trophy

E-Mail Entries to: Ralph Warner ralphwarner77@yahoo.com or Rich Ruben sveyawrestling@gmail.com

607-589-7515 check 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.: _____

Address: _____

Parent Name(s): _____

Weight Class/Division: 48, 52, 56, 60, 64, 68, 72, 76, 80, 85, 90, 100, 110, 125, HWT (Circle one)

Email: _____

Phone #: _____

Coaches Name: _____ Team/School/Club: _____

Emergency Contact: _____

Team emailed entries to be all at one time, see roster form