

37th Annual WAWC Wrestling Tournament

January 27th, 2018

- Date/Location:** Saturday, January 27th, 2018
Wayland-Cohocton High School Field House
Route 63 Wayland, NY
- Registration:** Open to the first 300 paid entries. One entry per wrestler. Must pre-register by Wednesday, January 24th, 10 PM. Email reg. to Wrestlingwayland@gmail.com or mail to Jerry Ott, 8988 Miller Rd, Wayland, NY, 14572
- Entry Fee:** \$25 per wrestler. Must be received with registration. Payments can be made online at PayPal.me/WaylandYouth, OR mailed to above address. Checks made payable to Wayland Area Wrestling Club.
- Check In:** Doors open at 7:00 am Coaches and wrestlers must arrive by 7:30 am to check in and report no shows. Wrestling to begin ASAP.
- Weigh In:** Honor Weigh-Ins. ** Wrestler's weight may be challenged randomly by the Tournament Director. If a wrestler exceeds their honor weight by more than 3 pounds, the wrestler will be disqualified from the tournament. No refunds.
- Eligibility:** Ages 4-14 as of the day of the tournament. No JV or Varsity Experience.
- Divisions:** Division 1 - 6 & U Division 2 - 7 & 8
Division 3 - 9 & 10 Division 4 - 11 & 12
Division 5 - 13 & 14
- Format:** 5 Man Round Robin. Three - 1 minute periods, with 1 minute overtime.
N.Y. State High school Rules; Certified N.Y. State Referees.
- Awards:** Champion T-Shirt for 1st, Trophies for top 4. Team Trophies for top 3, Team Sportsmanship - voted on by Referees.
- Admission:** \$3 Adult, \$2 Student
- Cafeteria:** Open all day. No food/coolers allowed in Gym.
- Questions:** Call/Text: Jerry Ott, 585-245-2577
Email: Wrestlingwayland@gmail.com

Name: _____ Age: _____ Weight: _____
Club: _____ DOB: _____ Division: _____
Parent Name: _____ Phone: _____

In consideration of your acceptance of this tournament entry, I hereby, for my child and myself, release the Wayland Area Wrestling Club (WAWC), Wayland-Cohocton Central School, the Steuben County school district and all officials of this tournament from any claims, liabilities, or rights to damage for any injuries or losses suffered by my child or myself directly or indirectly in training for, traveling to and from participating in the Wayland Area Wrestling Club Tournament. I HAVE MY OWN INSURANCE.

Parent Signature: _____ Date: _____