SALAMANCA YOUTH WRESTLING

13th Annual Winter Warm-Up Tournament SATURDAY DECEMBER 8th, 2018

Official brackets will be available at the tournament only.

6 and U/9 & 10 Year Old's-Skin Checks are mandatory at weigh-ins/Headgear is mandatory to wrestle.

Weigh-Ins: Saturday December 8th, 2018 7:30-8:30am, Wrestling: starts at 9am for the AM Session.

7 & 8/11 & 12 Year Old's- Skin Checks are mandatory at weigh-ins/Headgear is mandatory to wrestle.

Weigh-Ins: Saturday December 8th, 2018 11:30am-12:30pm, Wrestling: starts at 1pm for the PM Session.

Site: Allegany Community Center, 3677 Administration Drive, Salamanca, NY, 14779

Rules: Modified NYSHS rules, Double Elimination, 1-1-1 (1 minute overtime and then sudden death overtime 30 sec ride out)

Entry Fee: \$20 mail in registration, \$22 to register online. NO REFUNDS WILL BE GIVEN. \$35 fee for all returned checks.

A wrestler can register for a DOUBLE BRACKET until 12/1/2018, NOT on the day of the tournament.

Awards: 1st through 4th will receive awards and champions will get championship t-shirt.

This is a pre-registration ONLY tournament. All registration must be postmarked by December 1st, 2018.

Make checks payable to Salamanca Youth Wrestling/Mail entries to: SYW C/O Tisha Seeley 311 PO Box 55, Killbuck, NY 14748

No phone entries accepted. Questions/Errors: salamancayouthwrestling@gmail.com/716-801-2074

NY Top 100 QualifierGene Mills Qualifier**Ohio Tournament of Champions Qualifier**

Age: Age as of December 8, 2018

Divisions: 6 & Under: 40, 45, 50, 55, 60, 65, HWT (Max 100)

7 & 8: 45, 50, 55, 60, 65, 70, 80, 90, 100, HWT (Max 120)

9 & 10: 55, 60, 65, 70, 75, 80, 85, 90, 95, 100, 110, 120, HWT (Max 150)

11 & 12: 65, 70, 75, 80, 85, 90, 95, 100, 110, 120, 130, 140, HWT (Max 180)

Admission: Adults \$3, Students \$1, Children under 5 are free.

We reserve the right to combine weight classes without notice. We use only NYS certified referees. No smoking inside the ACC Building. Cafeteria opens at 7:30am and will be available until the conclusion of the tournament.

Name:	Current Age: _	Division:	Weight:
Address:			
Phone Number:	Wrestling Club:		
Actual Weight:	Years of Experience:		
immediately advise their coach of participant will be engaging in acclosses which might result not only play, or the condition of the premediate foreseeable at this time. We assurd disability, death, or financial loss hereby discharge, waive, and relewestling, Seneca Nation, and/or	ng, each will inspect the facilities and equipment being in supervision of such condition(s) and refuse to participativities that involve risk of serious injury, including per y from their actions, inaction's or negligence, but the achieses or any equipment used. Further, that there may be me all the forgoing risks and accept personal responsibite. In full comprehension and complete understanding of ease and covenant not to sue for any and all claims for dependent of the complete understanding of the complete understanding of the conditions and covenant not to sue for any and all claims for dependent of the covenant not to sue for any and all claims for dependent of the covenant not post my son(s)/daughter(s) name, a	pate. We acknowledge and ful- rmanent disability, death, seve- ctions, inactions, and negliger other risks not known to us of dity for damages following su- the forgoing warning of the ralamages I/We may have again r any and all injuries suffered	Ily understand that each ere social and economic nee of others, the rules of or not reasonable or ach injury, permanent risks, I and my legal heirs nest the Salamanca Youth I by me in my connection
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