

SVEYA

Spencer-VanEtten Youth Wrestling Tournament

First Place Belts!



2018

SATURDAY
DECEMBER 29th Spencer, NY

Date: Saturday, December 29, 2018

Registration Due: No later than Thursday December 27, 2018, 8PM

Location: Spencer - Van Etten High School, 16 Dartts 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 wrestler 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 age as of the day of the event. Double brackets permitted up one age group, register for each separately. Double brackets waive minimum rest time. We will do our best to match experience levels.

Format: 4 to 6-man round robin or DE Bracket when needed. We reserve the right to combine weight classes.

LIMITED TO THE FIRST 250 ENTRIES

Individual Entry Fees: \$30.00 ONLINE at PYWrestling.com

E-Mail TEAM Entries of 10 or more to: sveyawrestling@gmail.com, request a roster to fill out!

Awards: 1st place Belt and winner's bracket, 2-3rd place medals

Contact: Rich Ruben, sveyawrestling@gmail.com check www.sveya.org/wrestling for info

Admission: Adults \$5.00, \$2.00 Students, 5&Under Free (Head coaches Free for registered teams! Limit two Coaches per team please email names ahead!)

Concession: Really good 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.

Signature _____ Wrestlers name: _____

Age: _____ D.O.B.: _____ Division: _____

Experience: 1&2-year novice, 3rd year, 4th year, 5th+ year: _____

Address: _____

Parent Name(s): _____

Honest weight: _____ Email: _____

Phone #: _____

Coaches Name: _____ Team/School/Club: _____

Emergency Contact: _____