

# Randolph Novice Tournament

## Bill Young Memorial Tournament

**DATE:** January 19, 2019

**LOCATION:** Randolph High School – 18 Main Street, Randolph, NY 14772

**WEIGH-INS:** All wrestlers will weigh in the morning of the tournament. Please be advised that we may have to combine weight classes and age brackets. We will do our best to pair wrestlers accordingly. **Headgear is mandatory!!!! Skin Checks are mandatory!!!! Nurses have final say!!! Doctor's note must be presented for exception!**

**TIMES:** Wrestling starts at 10:00 a.m.  
Coaches meeting at 9:00am

**ELIGIBILITY:** Age as of January 19, 2019 (Birth Certificates must be shown if challenged)

**ENTRY FEE:** **Pre-registration only: \$20** (\$30 fee for returned checks, **NO REFUNDS**) **Mail in ONLY (NO PHONE/EMAIL REGISTRATION) this is a pre-registration ONLY tournament. All registrations must be post marked by January 9, 2019. No Exceptions!!! Limited to the first 200 wrestlers**

**RULES:** NYS rules apply, Double Elimination, sudden death overtime, less than three wrestlers in a weight class may be combined. **HEADGEAR IS MANDATORY!!!!!!!!!!**

**AWARDS:** All wrestlers will receive a participation trophy or medal.

**REGISTRATION:** All registration forms and fee must be **received** by January 16, 2019 **NO EXCEPTIONS!!!!!!**

<p><b>Mail to:</b> Roni Young PO Box 198 Randolph Ny, 14772</p>
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**ADMISSION:** \$3.00 Adults; \$1.00 Students; Children under 5 not wrestling are free **ONLY 3 COACHES ADMITTED**  
**FREE. MUST HAVE COACHES SHIRT ON!!!!**

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

**INFORMATION:** For questions call: Coach Mike Ekstrom e-mail [mekstrom@randolphcsd.org](mailto:mekstrom@randolphcsd.org) or 716-450-1343 or Roni Young 716-720-8912 email: [ryoung@randolphcsd.org](mailto:ryoung@randolphcsd.org)

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**Entry Form:** Make Checks payable to: **Randolph Kids Wrestling** \$30 fee for all returned checks

**Name:** \_\_\_\_\_ **Club/School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **eMail:** \_\_\_\_\_

**Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Age (as of 1/19/19)** \_\_\_\_\_

In consideration of your acceptance of this entry, I hereby release the Randolph Kids Wrestling Club, the Randolph Central School and anyone connected with this tournament from any and all claims or liabilities of rights to damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from, and from participation in the Randolph Wrestling Club Tournament.

**Parent or Guardian Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_