

2019 Randy Sweet Sr. Memorial Youth Wrestling Tournament

Where: South Glens Falls High School
42 Merritt Road, South Glens Falls, New York 12803



When: Saturday, February 16, 2019

Divisions: Age as of day of tournament

Division I – Ages 5 & 6;

Division II – Ages 7 & 8;

Division III – Ages 9 & 10;

Division IV – Ages 11 & 12;

Division V – Ages 13 & 14.

Proof of age required if contested and agreed upon by the Tournament Director. Each weight class is made up of 4 to 6 wrestlers whose ACTUAL weights are closest to each other.

Weight Classes: To be determined after weigh-ins

Spectators: Free

Experience: None needed. However, **No past JV or Varsity experience permitted.**

Entry Fee: \$30.00 (Cash or Checks made out to South Glens Falls Youth Wrestling)

Awards: Awards for 1st – 4th Place

Digital Form Available:

Divisions I, II and III	Times	Divisions IV and V	Times
Registration / Weigh-ins	7:30 am – 8:30 am	Registration / Weigh-ins	11:00 am – 12:00 pm
Seeding Meeting	8:30 am – 9:30 am	Seeding Meeting	12:00 pm – 1:00 pm
Wrestling Begins	9:30 am	Wrestling Begins	1:00 pm

Rules: 1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute. 2. Singlet and headgear preferred (no loose clothing). 3. Overtime will be one (1) minute or first points scored. Tie breaker will be :30 ride out. 4. No JV or Varsity experience. 5. Criteria for 1st, 2nd, 3rd, and 4th places: 1) win/loss record, 2) head-to head winner, 3) # of pins, 4) total points, 5) total takedowns

Contacts: Coach Charles Dickens at dickensc@sgfcsd.org

Randy Sweet Sr. Memorial Youth Wrestling Tournament

OFFICIAL USE ONLY

DIV: _____

WT: _____

NAME: _____

DOB: ____/____/____ AGE: _____

SCHOOL / CLUB: _____

GRADE: _____

YEARS EXPERIENCE: _____

ADDRESS: _____

I hereby release the South Glens Falls School District, South Glens Falls Wrestling Booster Club, Tournament Officials and Referees from any and all claims regarding injury or illness that may be caused in conjunction with this tournament. I, the undersigned, will assume full liability for the welfare of my participant.

Signature of Parent/Guardian: _____

Date: _____

PLEASE PROVIDE SEEDING INFORMATION:

