

# **SIDNEY YOUTH WRESTLING**

## **4-6 MAN ROUND-ROBIN TOURNAMENT**

**SATURDAY, MARCH 9, 2019**

**SIDNEY HIGH SCHOOL GYMNASIUM; 95 WEST MAIN STREET, SIDNEY, NEW YORK**

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### **PRE-REGISTRATION ONLY!**

All registrations must be received no later than 6 p.m. March 1, 2019

#### **Tournament Information**

##### **Entry Fee**

\$25.00 per wrestler

(Note: team registrations are encouraged!)

##### **Registration**

Checks can be made payable to  
Sidney Youth Wrestling  
and e-mailed to

Sidneyyouthwrestling@gmail.com

or mailed to:

Kyla Mott; PO Box 43,  
Masonville, NY 13804

##### **Time**

Check-in/random weigh-ins 8-9 a.m.

Wrestling starts at 10 a.m.

##### **Admission**

\$3 for adults

\$1 for students

Concessions will be available

##### **Divisions**

6 and under; 7&8; 9&10; 11&12;  
13&14 (no JV or varsity experience)

#### **As of March 2019**

Proof of age required if contested and agreed upon by the tournament director. A fee of \$25.00 is charged for any weight challenge. Each weight class is made up of wrestlers whose actual weights are closest to each other, while taking into account years' experience. Random weigh-ins will occur during check-in!

#### **Awards**

##### **Individual**

1st-5th trophies; 6th medals

##### **Team**

1st-3rd trophies (team = 10 wrestlers)

#### **Contact Information**

Kevin Mott: 607-316-5543

Kyla Mott: 607-435-6819

E-mail: Sidneyyouthwrestling@gmail.com

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#### ENTRY FORM

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Division: \_\_\_\_\_ Weight: \_\_\_\_\_ Years experience: \_\_\_\_\_ Wins/Losses: \_\_\_\_\_

School/club: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

In consideration of this entry being accepted, I hereby assume full responsibility for my child in case of any injury and loss of personal belongings while traveling to and from, and/or participating in the Sidney Youth Wrestling Tournament. I will not hold the Sidney Central school district, Sidney Youth Wrestling coaches responsible for any liability. I also understand my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament. I hereby consent to the use of photographs/videotape taken during the course of this tournament for publicity, promotional and/or educational purposes (including publications, presentations, or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Parents/Guardian Signature: \_\_\_\_\_