

Unadilla Valley Pee Wee Wrestling Tournament

DATE: Saturday, January 26, 2019

CHECK-IN: All wrestlers must check-in between 6:30am and 8am

WRESTLING BEGINS: Wrestling will begin as soon as brackets are completed

LOCATION: Unadilla Valley Central School, Route 8 between South New Berlin and New Berlin

ENTRY FEE: \$20.00 Pre-registration or \$25.00 day of tournament *LIMIT OF 300 WRESTLERS**

PAYMENT: Entry fee and form must be received by January 24, 2019

MAKE CHECKS PAYABLE TO: Unadilla Valley Pee Wee Wrestling Club

SENT TO: Erin Meade 1177 Cty Rd 34 Norwich NY 13815 or email: erinmeade2006@gmail.com or knapp2o@yahoo.com

ADMISSION FEE: Adults: \$3.00 students/children \$1.00

FORMAT: 6 Man Round Robin (maximum 10% difference)

WEIGH-INS/CHECK-IN: There will be NO weigh-ins to start the tournament.

Please provide actual weight to allow us to group wrestlers before tournament.

Wrestler's weight may be challenged during the first round of tournament. Wrestler must be within 2 lbs. of weight on entry form. There will be random weight checks at check in.

TOURNAMENT DIRECTORS RESERVE THE RIGHT TO GROUP WRESTLERS AS NECESSARY WITHIN 10%.

DIVISIONS:

YOUTH (6 & UNDER) BANTAM (7-8) MIDGET (9-10) JUNIOR (11-12) INTERMEDIATE: (13-14)

WRESTLING RULES: NEW YORK STATE OFFICIALS

EVERYONE MUST HAVE PROOF OF AGE IF CHALLENGED, INCLUDING PERSON ISSUING CHALLENGE

5 MATS 1 gym, trees with current match and 2 on deck bouts listed by bout number.

Wrestlers may compete in more than one division but not in two weight classes in the same division. Wrestlers competing in more than one division will forfeit 45 minute rest period. **1 form per division.

TIE BREAK: wins/losses, head to head, total pins, total takedowns, total points scored.

BOUT LENGTH: 1-1-1 First point in overtime wins.

Headgear and singlet preferred but not mandatory.

AWARDS: Trophies for 1st, 2nd, 3rd, 4th, places, 5th & 6th place ribbon.

TEAM TROPHIES: 1st, 2nd, 3rd, (fill out team sheet with 10 kids on day of tournament)

FOOD: breakfast, lunch, snacks and drinks will be available in the cafeteria.

TOURNAMENT DIRECTORS: Tim Knapp (607)847-9278, Erin Meade (607)373-5223, Julie Peet (607)783-2579

WRESTLER NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

AGE (as of 1/26/17) _____ PHONE: _____ E-MAIL: _____

DIVISION: _____ ACTUAL WEIGHT: _____ SCHOOL OR CLUB: _____

2015-2016 RECORD/HONORS: _____ YEARS OF EXPERIENCE: _____

In consideration of this entry being accepted, I hereby release the Wilcox's Wolverines Pee Wee Wrestling Club, Unadilla Valley Central School District, coaches and tournament officials from any and all claims, liabilities, and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Wilcox Wolverines Pee Wee Tournament. I have insurance coverage for the wrestler.

Signature of wrestler: _____ Date: _____

Signature of parent/guardian: _____ Date: _____