

# 10<sup>th</sup> Annual Nunda Youth Wrestling Club Tournament

## 5 Man Round Robin

- Date: Saturday, March 7, 2020
- Location: Keshequa Junior-Senior High School, 13 Mill Street, Nunda, New York
- Entry Fee: \$25.00, Make checks payable to Nunda Youth Wrestling Club.  
\$50 return check fee. Entry fee must accompany registrations and must be received by March 4, 2020. First 350 entries accepted. No walk-ins.  
Mail entries to Crystal Learn, 9106 Picket Line Road, Nunda, New York 14517.
- Time: Wrestling Starts at 9 a.m. Check In: 7:00 a.m. - 8:00 a.m.
- Rules: NYS High School Rules, NYS Certified Referees.  
Bout Length (1 min. -1 min.-1 min.) for Divisions I-IV  
Bout Length (1½ min.-1½ min.-1½ min.) for Division V & VI
- Divisions: All ages as of day of tournament. March 7, 2020  
I. 6 & Under II. 7 & 8 III. 9 & 10 IV. 11 & 12 V. 13 & 14 VI. 15, 16 & 17
- Weigh Ins: Weigh-ins from 7:00 – 8:00 am..  
Tournament director reserves the right to combine weight classes.
- Awards: Trophies awarded for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup>  
Team Trophies awarded for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> (10 wrestlers per team)
- Admission: Adults: \$3.00 Students: \$2.00
- Concessions: Food & Drinks will be available in the cafeteria.  
No food or drinks will be allowed in the gym. No smoking on school grounds.
- Questions: Contact Crystal Learn, call/text 585-319-8342 ~ email at cryl@frontiernet.net  
or Jeff Bugman call/text 585-739-9139

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Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Weight: \_\_\_\_\_ Division: \_\_\_\_\_ School/Club \_\_\_\_\_

In consideration of your acceptance of my entry, I hereby release the Nunda Youth Wrestling Club, Keshequa Central Schools, Livingston County School Districts and the officials of this tournament from any claims, liabilities of right for damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from and/or participating in the Nunda Youth Wrestling Club Tournament. I have my own insurance.

Signature of Wrestler: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_