

# 39th Annual WAWC Wrestling Tournament

## January 25th, 2020

**Date/Location:** Saturday, January 25th, 2020  
Wayland-Cohocton High School Field House  
Route 63 Wayland, NY

**Registration:** Open to the first 300 paid entries. One entry per wrestler. Must pre-register by Tuesday, January 21st, 10 PM. Email reg. to [Wrestlingwayland@gmail.com](mailto:Wrestlingwayland@gmail.com) or mail to Amanda Dale, 11074 State Route 21, Wayland, NY, 14572

**Entry Fee:** \$25 per wrestler. Must be received with registration. Payments can be made online at [PayPal.me/WaylandYouth](https://www.paypal.com/waylandyouth), OR mailed to above address. Checks made payable to Wayland Area Wrestling Club.

**Check In:** Doors open at 7:00 am Coaches and wrestlers must arrive by 7:30 am to check in and report no shows. Wrestling to begin ASAP.

**Weigh In:** Random weight checks upon check-in. If a wrestler exceeds their registered weight by more than 3 pounds there will be a \$10 rebracket fee.

**Eligibility:** Ages 4-14 as of the day of the tournament. No JV or Varsity Experience.

**Divisions:** Division 1 - 6 & U      Division 2 - 7 & 8  
Division 3 - 9 & 10      Division 4 - 11 & 12  
Division 5 - 13 & 14

**Format:** 5 Man Round Robin. Three - 1 minute periods, with 1 minute overtime.  
N.Y. State High school Rules; Certified N.Y. State Referees.

**Awards:** Champion T-Shirt for 1st, Trophies for top 4. Team Trophies for top 3,  
Team Sportsmanship - voted on by Referees.

**Admission:** \$3 Adult, \$2 Student

**Cafeteria:** Open all day. No food/coolers allowed in Gym.

**Questions:** Call/Text: Jerry Ott, 585-245-2577  
Email: [Wrestlingwayland@gmail.com](mailto:Wrestlingwayland@gmail.com)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Club: \_\_\_\_\_ DOB: \_\_\_\_\_ Division: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of your acceptance of this tournament entry, I hereby, for my child and myself, release the Wayland Area Wrestling Club (WAWC), Wayland-Cohocton Central School, the Steuben County school district and all officials of this tournament from any claims, liabilities, or rights to damage for any injuries or losses suffered by my child or myself directly or indirectly in training for, traveling to and from participating in the Wayland Area Wrestling Club Tournament. I HAVE MY OWN INSURANCE.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_