



WRCL

Location: Chautauqua Lake Central School, 100 North Erie Street, Mayville, New York 14757

When: Saturday, March 7, 2020. Wrestling will begin promptly at 9:00 am for all divisions.

Weigh Ins: Friday, March 6, 5-7pm and Saturday, March 7, 7-8am @ Chautauqua Lake Central School
Satellite weigh ins to be announced.

Skin checks at time of weigh ins. Bring proper physician's release for any skin conditions.

Registration: Pre-registration only. No walk-ins. \$27 online at pywrestling.com or \$25 mail in to:
WRCL, PO Box 333, Ashville, NY 14710. Must be postmarked by 3/2.

Wrestlers are allowed to enter 2 age divisions (not 2 weight classes in same division) - fill out 2 separate registrations.

Admission: Adults \$4.00 - Students \$2.00

Awards: Awards to top 3 placers. Team Super Trophies to top 3 teams (choose your 10 wrestlers day of tourney).

Matches: Up to 6 Man Round Robin.

12 and under 1-1-1, 13/14 1.5-1.5-1.5.

OT 1 minute sudden death, 30 second ultimate ride out.

Rules: Certified Referees. Round Robin – Madison style pairing. Brackets will stay within 10% weight difference.
Wrestlers must not exceed stated weight. No allowance.

Tournament reserves the right to combine age and/or weight classes if required.

Headgear required. Caps required for longer hair.

Divisions: 6/U, 7/8, 9/10, 11/12, 13/14. Age as of 12/31/19. Be prepared to show proof if contested.

Concessions: Available all day.

REGISTRATION

NAME: _____ DOB: _____ AGE: _____

WEIGHT: _____ DIVISION: _____ SCHOOL/CLUB: _____

SKILL LEVEL (must select 5 for Top 100) – circle one: 1 2 3 4 5 (1-wins 20% or fewer, 3-wins 40-60%, 5-wins 80%+)

ADDRESS: _____

PHONE: _____ EMAIL: _____

For tournament questions email wrclyw@yahoo.com or call Chris Fairbank at 716-338-2087.

For complete rules on NY Top 100 rankings, please visit www.nyouthwrestling.com

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release any and all rights and claims for damages I may have against the Chautauqua Lake Central School District, Village of Mayville, WRCL Youth Wrestling Club, its agents, representatives, successors, and anyone involved with this tournament and assigns for injuries suffered by my child or myself at said tournament. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and I attest that my child is covered by a health/injury insurance policy.

PARENT SIGNATURE: _____

NY TOP 100 TOURNAMENT