



Sabers Youth Wrestling

TOP 100 Tournament

Date: Sunday December 5, 2021

Registration: Due no later than Friday Dec 3 must pre-register, NO WALK IN's accepted.

Time: Sign-in and weigh-ins 7 to 8am. Wrestling to begin @ 9 am.

Location: Susquehanna Valley High School, 1040 Conklin Rd. Conklin, New York 13748

Weights: Madison Weights must be within 2lbs of listed weight.

Rules: NYS modified rules. Periods 1-1-1 min, Sudden death OT. All Referee calls are final

Divisions: 6 & under, 7&8, 9&10, 11&12. Age as of Dec 5, 2021

Format: Round Robin - 4 to 6 wrestlers. **LIMITED TO THE FIRST 250 ENTRIES.** Wrestlers from the same school or club will try to be separated. Tournament officials have the right to bracket classes as needed.

Entry Fees: \$30.00 Make checks payable to: SV Wrestling Club (no refunds except for cancellation)

Admission: All Adults (coaches too) \$3.00, \$1 for kids not wrestling

Concession: Food will be available all day

Awards: Trophies for 1st Medals for 2nd - 6th

Entries: Email preferred - **SVyouthwrestling@gmail.com** (please send team entries together).

Mail entries to Jeremy Polhamus 283 Ahern Rd Binghamton, NY 13903

Contact: Jeremy Polhamus 760-496-8040 or Jesse Holton 607-761-2651

****COVID PROTOCOLS – MASKS REQUIRED TO ENTER SCHOOL****

If part of email team roster, Entry form must be presented at check-in or with team check-in.
Coaches: ONLY register those that WILL wrestle in tournament!

Wrestler's name: _____ Age: _____ D.O.B.: _____

Address: _____

Division: _____ *Weight*: _____ Exp (circle): **Novice** **BelowAvg** **AboveAvg** **TOP100**

Team/School/Club: _____

I hereby declare that if my son / daughter is accepted to participate in the SV Youth Wrestling Novice Tournament, he/she will do so at his/her own risk and own free will. I will not, in any way, hold liable the sponsors, tournament officials, Susq. Valley HS district or employees, referees, or any associate of SV Youth Wrestling, for any injuries or losses that he/she might receive, directly or indirectly, while traveling to or from, or competing therein. I also state for the record that he/she is covered by all appropriate insurances needed to compete in contact sports. I understand that if my child has any suspicious skin markings, my child might not be allowed to enter the tournament without a doctor's note stating that he/she is free of any contagious condition.

Parent Name: _____ Phone #: _____

Parents Signature _____ Email: _____