



# 42<sup>nd</sup> ANNUAL NORWICH JUNIOR WRESTLING TOURNAMENT

KING OF THE MAT!

Sunday, January 30, 2022



Norwich High School - 89 Midland Drive, Norwich NY 13815

**Registration:** Forms due Friday, January 28th, 2022 by Midnight – Mail, Text or Email.  
Mail: Norwich Wrestling C/O Matt Telesky, 114 Telesky Drive Norwich, NY 13815  
Email: norwichpeewewrestling@gmail.com Questions Contact Matt Telesky – (607) 226-4407

**PRE-REGISTRATION REQUIRED - NO WALK-INS - LIMITED TO FIRST 275 WRESTLERS  
MASKS REQUIRED – COVID PROTOCOLS WILL BE FOLLOWED**

**Entry Fee:** Participants - \$35.00  
Make Checks payable to: Norwich NY Wrestling Booster Club  
Spectators – Adults - \$3.00; Students - \$2.00; 5 and Under - Free

**Time:** Check in 7:00-8:00AM. Wrestling will begin at approximately 9:00AM

**Format:** We will try to make sure all wrestlers have 5 matches. (Round Robin style)  
Random Weight Checks will be conducted  
*\*Must be within 2 pounds of weight at registration or will result in disqualification without refund.*

**Divisions:** (6 & under), (7&8), (9&10), (11&12). No JV or Varsity Experience.

**Rules:** NYS Modified High School Rules – All Referee calls are final. No video replays.  
*Bout Length: 3 one-minute periods. Sudden death overtime: 1 minute period; 1<sup>st</sup> take down wins. If no take down occurs, then 30 second ride out. Whoever scored the first match point gets choice of referee position.*

**Criteria:** 1<sup>st</sup> – Win/Loss Record. 2<sup>nd</sup> – Head-to-Head Winner. 3<sup>rd</sup> – # of Pins. 4<sup>th</sup> – Total Points.

*In consideration of the entry being accepted, I hereby waive, release, and remise the Norwich City School, the City of Norwich, the Junior Wrestling Club, the tournament officials, coaches or any personnel associated directly or indirectly from training for, traveling to and from, or attending or competing in the aforementioned tournament. Bad sportsmanship or bad conduct from a wrestler, parent, coach or spectator may result in being asked to leave the tournament facilities. 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 my child is covered by a health/injury policy.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name** \_\_\_\_\_ **Division** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Age** \_\_\_\_\_

**Ability Level:** 1 (Novice 1-2 years) \_\_\_\_\_ 2 (Average .500 record) \_\_\_\_\_ 3 (Stud/Wins most matches) \_\_\_\_\_

**Grade** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**School/Club Affiliation** \_\_\_\_\_ **Years of Experience** \_\_\_\_\_

**King of the Mat Championship Metal Crown for 1<sup>st</sup> Place  
Medals for all others.**