



## Battle for the Belt



# Waverly Wrestling Advanced Wrestling Tournament

**LOCATION:** Waverly High School, 1 Frederick St. Waverly, NY 14892 (Please do NOT send registrations here)

**DATE:** January 16<sup>th</sup>, 2021

**INDIVIDUAL REGISTRATION:** Log on to [https://www.trackwrestling.com/registration/TW\\_Register.jsp?tournamentGroupId=200159132](https://www.trackwrestling.com/registration/TW_Register.jsp?tournamentGroupId=200159132) for registration. **ONLY ONLINE REGISTRATIONS ACCEPTED.** No Refunds. Only 1 division allowed. Registration Cut off 1/15/21.

**TEAM REGISTRATION:** Coaches, email team roster to Coach Aronstam, at [anaronstam@gstbooces.org](mailto:anaronstam@gstbooces.org), and make checks payable to "Waverly Wrestling Club." Turn in payment when you arrive at the tournament.

**TIMES:** Doors open at 7:00 A.M. Wrestling starts at 9:30 A.M

**ENTRY FEE:** \$30.00 per wrestler, payable at online registration.

**ADMISSION:** Adults \$5.00 Students \$3.00 Pre-School and Senior Citizens – FREE

**DIVISIONS: NO WEIGHT ALLOWANCE- AGE AS OF January 16<sup>th</sup>, 2021**

6 & Under 39-43-47-52-56-61-HWT

7 & 8 45-50-54-59-64-69-75-81-87-HWT

9 & 10 55-60-66-72-79-85-93-102-112-HWT

11 & 12 72-78-85-92-99-106-113-120-128-136-145-HWT

**RULES: DOUBLE ELIMINATION** Period times are 1-1-1. Overtime rules (1 min SV, 2- 30 Sec TB, then UTB)

**WEIGH INS: HONOR WEIGH-INS,** to reduce traffic due to health department regulations

**AWARDS:** CHAMPION BELT & T-SHIRT for 1<sup>st</sup> place finisher. T-shirts for 2<sup>nd</sup>-4<sup>th</sup> place finishers

**CONCESSIONS:** Food, Beverages and snacks will be provided all day

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Actual Weight:** \_\_\_\_\_ **Last Year Record:** Wins \_\_\_\_\_ Losses \_\_\_\_\_ **Years Exp** \_\_\_\_\_ **Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Team (Club)** \_\_\_\_\_ I certify the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release any and all rights and claims for damage I may have against the Waverly Wrestling Club, Waverly Central Schools, officers and employees, tournament committees and officials and referees from any and all liability for any injury suffered by myself or the wrestler directly or indirectly as a result of this tournament.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_