



# BGA BEARS YOUTH WRESTLING TOURNAMENT

**DATE:** Saturday, February 18<sup>th</sup> 2023    **TIME:** Check-in: 7am-8am **STRICTLY ENFORCED**  
**PLACE:** Bainbridge-Guilford High School, 18 Juliand Street Bainbridge, NY 13733

**REGISTRATION:** Pre-registration ONLY. NO WALK-INS!    **REGISTRATION DEADLINE:** February 15<sup>TH</sup> @6PM

Mail Registration form and entry fee to:    Andy Carr (607)226-4660  
943 Gospel Hill Road  
Guilford, NY 13780

**LIMITED TO FIRST  
FIRST 350 PAID  
WRESTLERS**

*Make checks payable to:* BGA Youth Wrestling

Completed team rosters may be emailed to: **bgabearsyouthwrestling@gmail.com**

**WEIGH-INS:** Honor weigh-ins. There will be random weight checks. Any wrestler exceeding 2lbs of registered weight will be disqualified without refund; \$25 to challenge.

**ENTRY FEE:** \$30 per wrestler/per division

**ADMISSION:** \$3.00 per adult, \$1.00 per student, under 6 free.

**RULES:** 4-6 Man Round Robin (whenever possible)

NYS High School modified rules, bout time 1min-1min-1min for all divisions. Overtime is 1-minute sudden death followed by one 30 second ride out if needed.

**CRITERIA:** 1) Won/loss record 2) Head-to-head winner 3) Number of pins 4) Total points scored  
5) Total takedowns

**AWARDS:** 1<sup>ST</sup>-6<sup>TH</sup> Place awards will be given out. 1<sup>st</sup>-3<sup>rd</sup> place for teams will be awarded. Team rosters will be 2 wrestlers from each division.

**DIVISIONS:** 6&UNDER, 7&8, 9&10, 11&12, 13&14

\*Wrestlers may compete in 2 divisions; however, if competing in 2 divisions wrestlers may forfeit rest period between matches. Wrestlers may not compete in 2 brackets in the same division. Two separate entry forms with registration fees must be completed.

## NYS CERTIFIED OFFICIALS

Wrestlers will be grouped based on AGE, WEIGHT, and EXPERIENCE (tournament committee has the right to combine or eliminate weight classes).

WRESTLER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ DIVISION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL/CLUB: \_\_\_\_\_ \*WEIGHT: \_\_\_\_\_ EXPERIENCE LEVEL: **Advanced/Average/Beginner**

(Experience level must be circled, or wrestler will be placed in highest bracket)

I hereby agree to release Bainbridge-Guilford Central School District along with any representatives and BGA Youth Wrestling along with any representatives, from any and all liability as a result of any injuries or loss of property or belongings while traveling to, from, or while attending the BGA Youth Wrestling Tournament.

PARENT NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## TOURNAMENT INFORMATION:

Andy Carr (607)226-4660 or Cef Martinez (607)591-7148