



# Susquehanna Valley Sabers Youth Wrestling Tournament

**Date:** Sunday December 8, 2024

**Registration:** Due Thursday Dec 5 must pre-register, NO WALK INs accepted.

**Time:** Weigh-in / Check-in Sunday 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 2 lbs. of listed weight.

**Rules:** Certified Officials. NYS modified rules. Periods 1-1-1 min, Sudden death OT.

**Divisions:** Age as of Dec 8 **D1** – 6 & under **D2** – 7/8 **D3** – 9/10 **D4** – 11/12

**Format:** 4-6 wrestler round robin. Tournament officials have the right to bracket classes as needed.

**LIMITED TO THE FIRST 300 ENTRIES**

**Entry Fees:** \$30.00 Make checks payable to: SV Wrestling Club

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

**Concession:** Food and drink will be available all day

**Awards:** Awards for all wrestlers / Team Awards for Top Club & School teams (10 wrestler roster)

**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

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\*: \_\_\_\_\_ Team/School/Club: \_\_\_\_\_

Experience / Ability:      1 (newbie)      2 (lose > win)      3 (lose = win)      4 (win > lose)

I hereby declare that if my son / daughter is accepted to participate in the SV Youth Wrestling 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 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: \_\_\_\_\_