

GUILDERLAND YOUTH WRESTLING TOURNAMENT

Sponsored by the Guilderland Wrestling Booster Club

Date: Sunday January 26th, 2025

Place: The Big Guilderland High School Gymnasium

Cost: \$25 per wrestler at the door **\$20** if you pre-register

(Check to: Guilderland Wrestling Booster Club) (Cash is also accepted)

PRE-REGISTRATION Available

Track Wrestling Link:

[https://www.trackwrestling.com/tw/opentournaments/VerifyPassword.jsp?tournamen
tld=878476132](https://www.trackwrestling.com/tw/opentournaments/VerifyPassword.jsp?tournamen
tld=878476132)

Time Schedule: Registration and Weigh-in 7:30 - 8:30 am for Divisions 1-2-3

Wrestling starts approx. at 10:00 am for Divisions 1-2-3

Registration and Weigh-ins 11:00 am-12 pm for Divisions 4-5

Wrestling starts approx. 1:30 pm for Divisions 4-5

Age Divisions:

Div 1 – 5 to 6 years old

Div 2 – 7 to 8 years old Div 4 – 11 to 12 years old

Div 3 – 9 to 10 years old Div 5 – 13 to 14 years old

Pre-registrations choose “ALL” for weight class

Wrestler Eligibility: Any wrestler who has NOT competed at the Junior Varsity or Varsity Level

Match Time: 1-1-1 with a 30 sec sudden death overtime and 30sec ultimate ride out.

Seeding: Based on years experience and past tournament places.

Awards: For the top four finishers in each weight class. Round Robin format.

Directions: 8 School Rd, Guilderland Center NY 12085

When facing the school use the road that takes you around the right side of the school. Drive to the back of the building. You will see a large parking lot and the entrance. ***Overflow parking will be in front of the building. Enter through the main entrance and follow the signs.

Facility/Toun Questions: Don Favro (518) 892-1906 favrod@guilderlandschools.net

Track Wrestling Questions: Justin Schipano (518) 221-1493

LEAVE THIS BOX BLANK

Division _____ Weight _____ Pool _____

PLEASE FILL OUT LEGIBLY

Name _____ Division _____ Age _____ Grade _____

DOB _____ Address _____

Phone # _____ Cell # _____

School/ClubAffiliation _____ Coach _____

I hereby release the Guilderland School District, the Guilderland Wrestling Booster Club Members, Coaches, Directors, Officials, Scorekeepers, and Referees from any and all claims regarding any injury or illness that may be caused in conjunction with this tournament, including any dental work. I am aware that this is a physical contact activity in which my child has a possible risk of injury. I will be responsible in full for the welfare of my child.

Parent or Guardian (Required) Date

Seeding Info (Required)

Years of Experience: _____ Past Tournament Honors: _____
