# 9th Annual Chad Sindoni Wrestling Tournament - 6 MAN ROUND ROBIN
# NOVICE TOURNAMENT

0 to 1 full year of experience ONLY --- must be in 1st or 2nd year of wrestling

**DATE:** Sunday, February 15, 2026
**PLACE:** Athens High School --- new gymnasium
**TIME:** Wrestling Starts At 9:30 AM  Must check in by 8:30 or you will be scratched.  NO WALK-INS

**REGISTRATION DEADLINE:** Thursday, February 12, 2026, 11:00PM.  *(LIMITED to 400 ENTRIES)*

**REGISTRATION & ENTRY FEE:** $30.00 – Online  **www.pywrestling.com**

**Tournament questions**:

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| Kevin Rude | Shawn Bradley |
| 607-425-1294 | 570-250-2355 |
| krude@gannonassociates.com | shawn.bradley@globaltungsten.com |

**RULES:**

1. PIAA modified, Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlets and head gear optional (no loose clothing).
4. Overtime (1 minute sudden victory, 30 second ride out)
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1st, 2nd, and 3rd places:
   - 1st criteria: won/loss record
   - 2nd criteria: head-to-head winner
   - 3rd criteria : # of pins
   - 4th criteria: total points
   - 5th criteria: total takedowns

**DIVISIONS :** **6& Under  7 & 8  9 & 10  11 & 12**

**AGE AS OF FEBRUARY 15, 2026:**
Proof of age required if contested and agreed upon by the tournament director.
Each weight class is made up of 4 to 6 wrestlers whose **ACTUAL** weights are closest to each other, considering years' experience and last year's record. **Coaches** must do their own weigh-ins and **ACTUAL** weight must be put on registration form. Weight brackets will vary no more than 10 pounds, unless heavyweight class in each age group.
**NOTE: Tournament director reserves the right to combine or eliminate weight classes.**

**AWARDS :** Individual - Awards for 1st through 6th place.

**ADMISSION:** $5 - Adults
Free – Students and Senior Citizens

**REFRESHMENTS :** Concession stand will be available all day.

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**NAME** _____ **DIVISION** _____ **ACTUAL WEIGHT** _____

**ADDRESS** _____

**STATE** _____ **ZIP CODE** _____ **PHONE #** _____

**AGE :** _____ **Sex (M/F)**_____**BIRTH DATE** _____ **SCHOOL / CLUB**_____

**LAST YEAR'S RECORD** _____ **YEARS EXPERIENCE** **0 or 1**

I hereby give permission for my child to participate in this wrestling tournament and accept responsibility for the conduct of the above named child while on Athens High School premises. I hereby release the Athens Wrestling Club, the Athens School District, any sponsoring bodies, their officers, tournament officials, and referees from any or all liabilities due to participating in the Athens Chad Sindoni Wrestling Tournament.

**SIGNATURE OF WRESTLER :** _____ **DATE :** _____

**SIGNATURE OF PARENT OR GUARDIAN :** _____