



# William Farley SV Youth Wrestling

## Novice Tournament

### **\*\*FIRST OR SECOND YEAR WRESTLERS ONLY\*\***

**Date:** Sunday January 25, 2026

**Registration:** Due no later than Thursday January 22, must pre-register, NO WALK INs accepted.

**Divisions:** 6 & under, 7/8, 9/10, 11/12. Age as of Jan 25, 2026

**Location:** Susquehanna Valley High School, 1040 Conklin Rd. Conklin, New York 13748

**Time:** Sign-in 7:00 to 8:00 am. Wrestling to begin by 9:00 am

**Weights:** Madison Weights must be within 2lbs of listed weight. **\*\*RANDOM WEIGHT CHECKS\*\***

**Rules:** NYS modified rules. Periods 1-1-1 min, Sudden death OT. All Referee calls are final

**Format:** 4-to-6-man round robin. **LIMITED TO THE FIRST 250 ENTRIES.** Wrestlers from the same school or club will try to be separated. Tournament officials have the right to bracket classes as needed.

**Entry Fees:** \$25.00 Make checks payable to: The Saber Den Sports Club (no refunds except for cancellation)

**Admission:** All Adults (coaches too) \$5.00, children free

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

**Awards:** Trophy for 1<sup>st</sup> place Medals for 2<sup>nd</sup> - 6<sup>th</sup>

**Entries:** Email preferred - **SVyouthwrestling@gmail.com** (please send team entries together).

Mail entries to Jeremy Polhamus 43 Spring Hollow Dr Conklin, NY 13748

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

Experience / Ability (**circle**):      Very New      Average Beginner      Above Average

I hereby declare that if my child is accepted to participate in the SV Youth Wrestling Tournament, they will do so at their 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 they might receive, directly or indirectly, while traveling to or from, or competing therein. I also state for the record that they are covered by all appropriate insurances needed to compete in contact sports. 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 they are free of any contagious condition.

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parents Signature \_\_\_\_\_