



*27th Annual
Wayland Wrestling
Tournament
January 26, 2008*

- Registration:** PRE-REGISTRATION BY MAIL IS REQUIRED BY WED. JANUARY 23rd^H.
PAYMENT IS REQUIRED WITH REGISTRATION FORM. NO WALK-INS!
- Date/Place:** *Saturday, January 26th, 2008* at the *Wayland-Cohocton High School
Field House.* Route 63 Wayland, New York
- Entry Fee:** \$15.00 per wrestler, must be received by Wed. Jan. 23rd (NO REFUNDS)
FIRST 400 paid entries. No entries accepted after **Wed Jan 23rd.**
No Email or Phone entries. ONLY ONE ENTRY PER WRESTLER.
Mail entry form and fee (checks payable to: Wayland Area Wrestling Club) to:
Jim Miller 82 Baldwin Dr Apt E Dansville, NY 14437
- Weigh-ins:** Honor Weigh-Ins. ** Wrestlers weight may be challenged randomly anytime
by the Tournament Director. If a wrestler exceeds their honor weight by
more than 3 pounds, the wrestler will be disqualified from the tournament. No
refunds, no awards.
Doors open at 7:00 am Coaches and wrestlers must arrive by 7:30 am to verify
roster and report NO SHOWS. Wrestling to begin ASAP
- Eligibility:** Ages 5 to 14, Age as of January 26, 2008. **NO JV or Varsity
experience.** Proof of age may be required. Singlets or gym shorts,
no long sweat pants.
- Age Divisions:** Division 1 -ages 6 & under. Division 2 -ages 7-8 yrs.
Division 3 -ages 9-10 yrs. Division 4 -ages 11-12 yrs. Division 5 -ages
13-14 yrs
- Weight Class Grouping:** Approximately 5 pounds or 10% whichever is greater. Tournament
officials reserve the right to combine or change weight classes.
- Format:** Double elimination. 8 wrestler brackets whenever possible, random
draw seeding, (1-1-1) **Three -1 minute periods with 1 minute overtime, N.Y.**
State High school Rules, Certified N.Y. State Referees.
- Awards:** Trophies for top 8 finishers in each weight class,
Team Sportsmanship award as voted on by the Referees.
- Admission:** **Two Coaches per team -free, all other adults and parents \$3.00,**
Students \$2.00, under 5 years free.
- Cafeteria:** Food and beverages available all day, serving breakfast
and lunch. **No Coolers, food or beverages will be allowed inside the gymnasium.**
- Questions:** **Contact: Jim Miller 335-7364 email questions ONLY: JWMiller62@yahoo.com**
EMAILED ROSTERS WILL BE REJECTED!!!

DO NOT TEAR-----(REGISTRATION INFORMATION PLEASE PRINT CLEARLY)-----DO NOT TEAR

NAME _____ AGE _____ YRS. _____ WEIGHT _____ LBS. _____

TEAM NAME _____ DATE OF BIRTH: _____ PHONE # _____

(If None Leave Blank)

In consideration of your acceptance of this tournament entry, I hereby, for my child and myself, release the Wayland Area Wrestling Club (WAWC), Wayland-Cohocton Central School, the Steuben County school district and all officials of this tournament from any claims, liabilities, or rights to damage for any injuries or losses suffered by my child or myself directly or indirectly in training for, traveling to and from participating in the Wayland Area Wrestling Club Tournament. I HAVE MY OWN INSURANCE.

SIGNATURE OF WRESTLER _____ DATE : _____

SIGNATURE OF LEGAL GUARDIAN _____ DATE : _____

