



# FINGER LAKES YOUTH WRESTLING LEAGUE, INC.

Presents:

## FLYWL REGIONALS '08

### **\*\*1<sup>st</sup> Place "CHAMPION Wrestling Bag"\*\***

**Date:** Sunday, March 2, 2008

**Location:** Geneva High School, 101 Carter Road, Geneva, NY 14456

**Weigh-Ins & Registration:** *This is a "Split Session" Tournament*

5/6, 7/8, 9/10

7:30 – 8:30 a.m.

Wrestling Begins at 9:30 a.m.

**PRE-REGISTRATION ENCOURAGED!! (200 LIMIT this session)**

**WALKINS ACCEPTED until 200 LIMIT reached.**

**STRICTLY ENFORCED, NO EXCEPTIONS!!**

*Pre-Register or risk being turned away!!*

11/12, 13/14

7:30 – 11:00 a.m.

Wrestling Begins approx. 1:00 p.m.

**PRE-REGISTRATION ENCOURAGED!! (200 LIMIT this session)**

**WALKINS ACCEPTED until 200 LIMIT reached.**

**STRICTLY ENFORCED, NO EXCEPTIONS!!**

*Pre-Register or risk being turned away!!*

**NO JV or VARSITY EXPERIENCE!! MODIFIED WRESTLERS WELCOME!!**

**Certified Officials:** Section V Certified Officials

**Format:** Round Robin - UP TO 4 man Brackets (when possible)

**Entry Fee:** \$20.00 Registration (one entry per wrestler)

**Admission:** \$3.00 Adult \$1.00 Children

**Eligibility:** Age determined as of the day of the tournament. (Must show proof if challenged \$20.00 fee Non-refundable to loser)

**Food:** Concessions Available ALL DAY

**\*\*Tournament T-Shirts Available also\*\***

**Rules:** Three one minute periods - 1 minute Sudden Death OT - Section V High School Rules!!

**Awards:** Morning session (5/6, 7/8, 9/10) - 1<sup>st</sup> thru 4<sup>th</sup>

Afternoon Session (11/12, 13/14) - 1<sup>st</sup> thru 4<sup>th</sup>

**Information:** Dave Smith 315-548-2947

**Mail Registration to:** FLYWL

John Fiorino 585-943-7890

PO Box 167

Clifton Springs, NY 14432

I understand that wrestling is a sport, which involves risk. In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against Finger Lakes Youth Wrestling League, Inc., Geneva Central School District, and their agents and representatives. Furthermore, I take responsibility for any and all injuries suffered by my child at said tournament. I understand that my child must be covered by a health/injury insurance policy and by signatures below verify that he or she is covered. I agree that Parent/Coach is responsible for any damages caused by their wrestler. Poor sportsmanship/inappropriate behavior will not be tolerated and person (s) will be asked to leave the grounds.

Parents Signature \_\_\_\_\_ Wrestlers' Signature \_\_\_\_\_

Wrestlers' Printed Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Years Exp. \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Team/School \_\_\_\_\_

**\*\*Please make checks payable to: Finger Lakes Youth Wrestling League, Inc.\*\***



## 10 Man Roster for Team Competition

*(Roster MUST be submitted to Head Table by: 9AM)*

SCHOOL/TEAM Name \_\_\_\_\_

Name	Age	Weight
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____
9) _____	_____	_____
10) _____	_____	_____

**1<sup>st</sup> Place Team Competition Winner will receive personal “Winners Plaque”.**

Plus - Team Name and year won will be engraved on nameplate and placed on the  
FLYWL REGIONALS TOURNAMENT “Team Competition Winners Plaque”

Which will be on display at every FLYWL REGIONALS Tournament.