

HOLLEY WRESTLING CLUB
BOYS AND GIRLS TOURNAMENTS

(* Separate divisions for boys and girls)
Qualifier for the Gene Mills Eastern Nationals

DATE: **Saturday, March 31, 2007**
PLACE: **Holley Elementary School, 3800 North Main Street, Holley, NY 14470.**
AGE: Day of tournament. Proof may be required.
RULES: NYS High School rules. Double elimination Sudden victory overtime.

WEIGH-INS & REGISTRATION: Friday, March 30th, 6:30 – 7:00 PM – Any age division
Saturday, March 31st, 7:30-8:30 AM, Boys: 5-12 years old & **ALL Girls Divisions**
Saturday, March 31st, 11:30 – 12:00 Noon, Boys 13 years old and high school
GROUPED WEIGHTS IN EACH AGE DIVISION

*5 & 6 years	*11 & 12 years
Bouts: 1 1/2 - 1 1/2	Bouts: 2 - 2
*7 & 8 years	*13 & 14 years (& under 9 th grade)
Bouts: 1 1/2 - 1 1/2	Bouts: 2 - 2
*9 & 10 years	*Grades 9 – 12 (Selective Classification)
Bouts: 1 1/2 – 1 1/2	Bout: 2 - 2 may wrestle in H.S. div.)

GIRLS: ANY AGE: 1 1/2 – 1 1/2

**NOTE: Girls will not be allowed to wrestle in the boys' tournament.

TOURNAMENT OFFICIALS RESERVE THE RIGHT TO ALTER OR COMBINE WEIGHT CLASSES WHEN BETTER
COMPETITION WILL RESULT.

WRESTLING BEGINS: As soon as possible after the group completes weigh-ins.

THERE WILL BE A SKIN CHECK FOR RASHES.

IF IN DOUBT, BRING A NOTE FROM YOUR DOCTOR.

OFFICIALS: Certified NYS officials at each mat, if possible.
AWARDS: Trophies 1st & 2nd Medals 3rd
FOOD: Concession stand will be open all day. No food or drink in locker room or gym.
ENTRY FEE: \$15.00 at the door.
SPECTATOR FEE: \$3.00 Family \$1.00 Adult \$.50 Student

(Once you pay and enter the tournament, no refunds are given)

WAIVER OF LIABILITY

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Village of Holley Recreation Department, the Holley Wrestling Club, Holley Central School District, coaches, officials, its agent representative, successors, or anyone affiliated with this tournament for any accidents, injuries, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

WRESTLER'S NAME _____ PHONE # (____) _____

E-MAIL _____

Street _____ City/Town _____ Zip _____

WRESTLER'S SIGNATURE _____ HONORS/RECORD _____

PARENT SIGNATURE _____ GRADE _____

CLUB OR SCHOOL _____ YEARS EXPERIENCE _____

DATE OF BIRTH _____ AGE _____ DIVISION _____

(OFFICIAL USE ONLY) *****

WEIGHT CLASS AT WEIGH-INS _____

AGE DIVISION _____

HOLLEY WRESTLING CLUB
JOHN J. GRILLO - DIRECTOR
585-638-6335 x2055-w