



*28th Annual  
Wayland Wrestling  
Tournament  
January 31, 2009*

- Registration:** PRE-REGISTRATION BY MAIL IS REQUIRED BY WED. JANUARY 28th.  
PAYMENT IS REQUIRED WITH REGISTRATION FORM. NO WALK-INS!
- Date/Place:** Saturday, January 31st, 2009 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. 28th (NO REFUNDS)  
FIRST 400 paid entries. No entries accepted after Wed Jan 28th.  
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 4 to 14, Age as of January 31, 2009. 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:** T shirts for all champions, 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 585-335-7364 email questions ONLY: [JWMiller62@yahoo.com](mailto: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 : \_\_\_\_\_

