



## **BRAWL FOR THE BELT**

**Sunday MARCH 8th, 2009**

**\*\*\*\*Gene Mills AAU Eastern Nationals Qualifier\*\*\*\***

**All first place winners receive a Championship Belt**

**Where:** Alden Central Middle School 13190 Park Street Alden, NY 14004 (DO NOT MAIL TO THIS ADDRESS), Registration Fee: \$20.00 Admission: \$3 Adults

**Weigh In:** No Weight allowance!!! Sorry **NO REFUNDS!!**

**Check in Time/Weight Verification:** For Session 1 6:30am – 8:15am. Session 2 10:30-12:00

**Registration:** This is a **PRE-REGISTRATION** Tournament for first 425 applicants.

**Must have pre-registration and payment by 3/4/08. Registered wrestlers may be viewed at [aldenyouthwrestling.org](http://aldenyouthwrestling.org)**

Call Bill 716-937-6655 or Paul 716-725-2306 **E-MAIL:** [aldenyouthwrestling@yahoo.com](mailto:aldenyouthwrestling@yahoo.com)

**All Entries must be mailed to Bill Kissell: 13178 Broadway  
Alden, NY 14004**

**SPLIT SESSIONS: Session 1 (Pee-Wee, Midget, & Schoolboy)  
Session 2 ( Junior & Bantam)**

**Session 1 Begins at 9:00 a.m. Session 2 Begins at 12:30 pm**

**Awards:** Belts for first, Medals for 2<sup>nd</sup>, 3<sup>rd</sup>, & 4th. Team trophies for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>.

Team roster must be submitted to the head table before tournament begins. No Varsity wrestlers may be used for team points.

**Regulation:** 3- One minute periods & 2-1-1 for Junior & School Boy

**\*\*Brackets with 4 Wrestlers or less will be conducted as a Round Robin.**

**\*\*\*Tournament Committee reserves the right to COMBINE or cancel any brackets.\*\*\***

Age Division	(Year of Birth)	Weight Classes
Pee Wee	2003-04	35-40-45-50-55-60-hwt (max 80)
Bantam	01-02	45-50-55-60-65-70-75-85-hwt (max 110)
Midget	99-00	50-55-60-65-70-75-80-85-90-95-105-hwt (Max 135)
Junior	97-98	60-65-70-75-80-85-90-95-100-105-110-115-120-125-130-hwt (175)
School Boy	95-96	70-75-80-85-90-95-100-105-110-115-120-130-135-hwt (max 190)

**Refreshments:** Hot food and snacks will be available All day

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Club** \_\_\_\_\_  
**Division** \_\_\_\_\_ **Weight Bracket: (not actual weight)** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

In consideration of this entry being accepted, I herby release the Alden Youth Wrestling Club, Alden Central School District, The Town of Alden, Coaches and Tournament Officials, from any and all claims, liabilities and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Alden Youth Wrestling Tournament. I take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/insurance policy.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Wrestlers Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_