

# NYWAY **Western** Region Wrestle - Offs

NYWAY 3rd Annual Kickoff weekend is December 28th and 29th, 2013 and will take place at Sullivan County Community College: 112 College Rd Loch Sheldrake, NY 12759.

This year's event includes a FREE Regional Dual meet on December 28th for K-6th grade NYWAY members. The individual tournament set for Sunday December 29th. Each Region is responsible fielding a team from within its regional boundaries. Applicants must reside within the NYWAY Western Region.

**Monroe, Wayne, Ontario, Livingston, Yates, Seneca, Steuben, and Schuyler.**

**50, 55, 60, 66, 72, 79, 87, 95, 102, 110, 120, HWT (limit 135)**

The Western Region will be holding Wrestle offs to select its team at G2 World Wrestling Academy on Sunday December 8th, 2013. G2 is located at 1555 Lyell Avenue Suite 137 Rochester NY 14606 and wrestling set to begin at 9am and end at noon.

- ✓ **Pre-Registration only. Cost is \$5. Cost is to offset Referees time.**
- ✓ Must be a current NYWAY member to participate and is in Kindergarten to 6th grade.
- ✓ NYS Certified official. *Must be within 2lbs of wrestle off weight.* Weight will be challenged.
- ✓ Three 1 minutes periods with modified OT rules. 1 minute first takedown then :30 ride out.
- ✓ Bracketed if more than 3 wrestlers entered for a each weight. Best of 3 if only 2 wrestlers.
- ✓ Challenges for true second will be allowed if time allows. ( for alternate purposes only)

## Application

Name (first: middle: last): \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_ Weight to Wrestle off: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

2012 - 2013 record: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Visit [www.nyway.org](http://www.nyway.org) for card number

Parents/Guardian name: \_\_\_\_\_ NYWAY # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact/Relationship Phone: \_\_\_\_\_

Medical insurance policy number: \_\_\_\_\_ Total payment enclosed: \$ 5.00

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Make checks payable and mail application to: G2 World Wrestling Academy c/o Adam Burgos 19 Egret Drive, West Henrietta, NY, 14586. Feel free to contact us at [adamburgos@g2wrestling.com](mailto:adamburgos@g2wrestling.com) and visit us at [www.g2wrestling.com](http://www.g2wrestling.com). Thank you, Adam Burgos.

