



Bath Sons of American Legion Squadron 173 Annual Wrestling Tournament 6 MAN ROUND ROBIN

Date and Time: Sunday, January 12, 2014 **First 300 Entries**

Location: Bath Haverling High School, **25 Ellis Avenue, Bath, NY 14810**

Entry Fee: \$20 Registration fee (*Checks payable to "Bath Youth Wrestling Club \$50 return check fee".*)

All entries MUST be received no later than January 8, 2014 NO EXCEPTIONS ALL BRACKETS WILL BE FINALIZED ON THE 10th. Mail registrations to 6521 Davenport Hill Rd Bath NY 14810.

Email team rosters to bathyouthwrestling@yahoo.com and all fees will be due upon arrival.

Time: Doors open at 9am wrestling starts at 10am

Rules: NYS High School Rules Modified Bout Length (1min-1min-1min) for all Divisions

Division: AGE AS OF JANUARY 12, 2014

AGE WEIGHT CLASSES REGULATION

6&under 40,45,50,55,HWT(MAX85) 1-1-1

7&8 45,50,55,60,65,70,75,85,HWT(MAX120) 1-1-1

9&10 55,60,65,70,75,80,85,90,100,110,HWT(MAX140) 1-1-1

11&12 65,70,75,80,85,90,95,105,112,120,130,HWT(MAX160) 1-1-1

13-15 80,90,100,110,120,130,140,150,160,HWT(MAX200) 1-1-1

NOTE: Tournament director reserves the right to combine weight classes.

Weigh-ins: Honor System. Weigh-in at home school and mark down below before sending in registration

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.

Awards: Trophies for 1st, 2nd, 3rd, 4th

Team Trophies for 1st, 2nd, 3rd (10 wrestlers per team due prior to the start of wrestling)

Team award 10 pts. For 1st, 8 pts. For 2nd, 6 pts. For 3rd, and 4 pts. for 4th.

NYS Certified Referees, NYS Rules. Modified Welcome! No JV OR Varsity Experience.

Admissions: \$3.00 for adults, \$2.00 for students, Free for senior citizens 65+ and Children under 4.

Food: Kitchen will be open throughout the day

**** NO FOOD OR DRINKS IN THE GYM** ***NO SMOKING ON SCHOOL GROUNDS*****

Questions: Contact BJ Madigan 607-769-0247, Zach Thomas 607-346-3064, Jeff Baroody 607-382-6886

Name	DOB	AGE	Exact Weight
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School/Club	Years Experience	Last Years Record
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In consideration of your acceptance of the entries listed above, and having full knowledge that injuries are a part of participation in sports. I hereby release Bath Haverling Central Schools, Bath Youth Wrestling Club, Bath American Legion and all of the officials, coaches, and administrators of afore mentions organizations from any claims ,liabilities, or rights to damage for any injuries or losses suffered by me directly or indirectly in traveling to or from the Bath Youth Wrestling Tournament.

Wrestlers Signature	Date
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Parent/Guardian Signature
