

"Brawl in the Falls"

Youth Tournament

SATURDAY – February 21, 2015

Sponsored by

Hoosick Falls Wrestling Club

Last year this tournament sold out – preregister to guarantee your spot

Only 300 spots available

Location: Hoosick Falls Central School, 21200 Route 22, Hoosick Falls, NY

Pre-Registration is recommended - Entry Fee: \$25

| | | | |
|-------------------------------------|----------------------------|-------------------------|------------------|
| | I (ages 5-6) | Weigh-Ins | Wrestling begins |
| Divisions: | II (ages 7-8) | 7:30 a.m. – 8:30 a.m. | @ 9:30 a.m. |
| | III (ages 9-10) | | |
| | IV (ages 11-12) | Weigh-Ins | Wrestling begins |
| Divisions: | V (ages 13-14) | 11:00 a.m. – 12:00 p.m. | @ 12:30 p.m. |
| | | | |
| No JV or Varsity Experience Allowed | No honor weigh-ins allowed | Times are approximate | |

Format: 4 Man Round Robin

Madison Weight System

Paid/certified officials on site

Seeding/Coaches Meeting immediately following weigh-ins

Awards: All Divisions

1st Place – Champion T-shirt and Chart

2nd Place – Trophy

3rd Place – Trophy

4th Place – Medal

MOW Awards for Early and Late Divisions

Concession on premises and open all day

Registration

\$25 Entry Fee

Make checks payable to: Hoosick Falls Wrestling Club

P.O. Box 161

Hoosick Falls, NY 12090

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ School District: _____

Division: _____ Weight: _____ Career Record: _____

Accomplishments/Accolades: _____

Any wrestler with a questionable skin condition may be removed from the tournament at any time. Misconduct, child abuse or misconduct toward tournament participants, officials and/or tournament staff by parents or athletes will result in automatic expulsion from the tournament and school property. Tournament directors/officials have the right to remove anyone not complying with tournament or school district rules.

In consideration of this entry being accepted, I hereby release the Hoosick Falls Central School District, its Board of Education, Coaches, and Tournament Officials from any and all claims, liabilities and/or damages incurred by me directly or indirectly, traveling to or from, and/or participating in the "Brawl in the Falls" 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 medical health insurance policy as a requirement for participation in this tournament and my child is covered by a medical health insurance policy.

Parent's Signature: _____ Date: _____

Questions can be addressed to:
Michael LaPorte, Tournament Director
Phone: (518) 649-2101
Email: northeastyouthduals@yahoo.com

| Tournament Official Use Only: | |
|-------------------------------|--|
| Division: | |
| Actual Weight: | |
| Pool: | |