



35th Annual WAWC Wrestling Tournament

January 30, 2016

Registration: **PRE-REGISTRATION BY MAIL IS REQUIRED BY MON. JANUARY 25th.
PAYMENT IS REQUIRED WITH REGISTRATION FORM. NO WALK-INS!**

Date/Place: **Saturday, January 30, 2016 at the Wayland-Cohocton High School
Field House. Route 63 Wayland, New York**

Entry Fee: **\$20.00 per wrestler, must be received by Mon. Jan. 25th (NO REFUNDS)
FIRST 300 paid entries. No entries accepted after Mon Jan 25th.
No Email or Phone entries. ONLY ONE ENTRY PER WRESTLER.
Mail entry form and fee (checks payable to: Wayland Area Wrestling Club) to:
Jerry Ott 8988 Miller Rd. Wayland, NY 14572**

Weigh-ins: **Honor Weigh-Ins. ** Wrestlers weight may be challenged randomly 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, 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 30, 2016. 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 **Approximately 5 pounds or 10% whichever is greater.**

Grouping: **Tournament Officials reserve the right to combine or change weight classes.**

Format: **5 Man Round Robin format, (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 all wrestlers
Team Sportsmanship award, 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: Jerry Ott 585-245-2577 Email Question to: ricematt29@gmail.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 : _____

