

"Brawl in the Falls"

Youth Tournament

SATURDAY – February 20, 2016

Sponsored by

Hoosick Falls Wrestling Club

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>Divisions:</i>	<i>I (ages 5-6)</i> <i>II (ages 7-8)</i> <i>III (ages 9-10)</i>	<i>Weigh-Ins</i> <i>7:30 a.m. – 8:30 a.m.</i>	<i>Wrestling begins</i> <i>@ 9:30 a.m.</i>
<i>Divisions:</i>	<i>IV (ages 11-12)</i> <i>V (ages 13-14)</i>	<i>Weigh-Ins</i> <i>11:00 a.m. – 12:00 p.m.</i>	<i>Wrestling begins</i> <i>@ 12:30 p.m.</i>
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, Medal and Chart

2nd Place – Trophy

3rd Place – Trophy

4th Place – Trophy

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

****Or register and pay on-line at <http://www.northeastyouthduals.com>****

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:	