FALCON GOLD YOUTH WRESTLING TOURNAMENT - SUNDAY, DEC 18TH, 2016

AT SOUTH SENECA HIGH SCHOOL, 7263 MAIN ST, OVID NY

Sponsored by Four Town Community Center & Falcon Gold Wrestling Club

SPLIT SESSION by age groups: ***6 & under • 7/8, • 9/10** – Weight verification from 7:30 -8:30 a.m.

11/12, • 13/14 – Weight verification from 11 am –noon. No JV or Varsity experience, Modified allowed.

***** PRE-REGISTRATION required by 9PM Thursday December 15th; NO WALK-INS *****

$25 per wrestler, Checks payable to *Four Town Community Center Wrestling*. No refunds.

$3 spectator admission, students & children free.

AWARDS:Team trophies for top 3 teams. Champion t-shirts. Partipation medals for all.

Registrations may be e-mailed* to jdwag@empacc.net or by phone 607-227-4471

******please request reply confirmation, and inquire if you do not receive one!******

PLEASE BRING SIGNED COPY OF REGISTRATION ON DAY OF TOURNAMENT

For questions or further information: Christina Sweet 607-379-1175

Tournament rules & general information: High School Folk Style wrestling. Certified referees. OT period 1 minute sudden victory followed by 30-second tiebreaker if necessary. ***6& under will be takedowns only, 3 min running clock.** Concessions available all day. No smoking on school grounds.

Last Name	First Name	Weight:	Date of Birth: Check age group:	
Address (City, State, Zip)				6 & under
Phone #:	Alternate Phone #:	Emergency Contact #:		7/8
School or Club:				9/10
Coach's Name:		Coach's Phone:		11/12
Parent or Guardian Name:		Relation:		13/14

I understand and agree that the School, Club and officials are free from any claims, liabilities or right to damages for any injuries or losses suffered by my child directly or indirectly in training for, traveling to and from and /or participating in this wrestling tournament. I have my own insurance and understand that my child must be covered by a health insurance policy as a requirement for partipating. I take responsibility for any damages done by my child or myself at this tournament.

Parent/ Guardian sign: _____ Date:_____