WHITEHALL YOUTH WRESTLING TOURNAMENT

DATE: Saturday, March 7, 2009 LOCATION: Whitehall High School Gym

Whitehall Central School is located at 87 Buckley Road, Whitehall, New York. Drive east on Route 4 through the village. Drive 1 mile past the Stewarts Shop. Look for a green Whitehall Central School Campus Sign. Turn left onto Buckley Road prior to the railroad tracks. From Vermont, drive west on Route 4 to railroad tracks and immediately turn right onto Buckley Road. The gymnasium is in the first building on the left.

Registration & Weigh-ins Division I, II, & III = 7:00 - 9:00 am. Division VI & V = 9:00 - 11:30 am.

Division I (age 6 & under)
Division II (age 7 & 8)
Division III (age 9 & 10)
Seeding meeting 9:00 to 9:30

WRESTLING BEGINS @ 10:00

*Age as of March 1, 2009

Division VI (age 11 & 12) Division V (age 13 & 14) Seeding meeting 11:30 – 12:00

DIVISION VI and V wrestlers will be weighed in after 9:00 am.

*Age as of March 1, 2009

REGISTRATION

Registration will be accepted at the door: \$20.00 per wrestler

**For more information contact Frank Barber (518) 499-2428; Bob Diekel (518) 499-2400; Paul Diekel (518) 499-1615; or John Blair (518) 499-4899

TOURNAMENT INFORMATION

- Wrestlers who have competed at the IV or Varsity Level will <u>NOT</u> be allowed to compete in this tournament.
- High School Rules in effect.
- Length of match three (3 one minute periods); overtime sudden win.
- Madison System will be used with eight wrestlers maximum per weight class.
- Each participant will wrestle at least twice.

AWARDS

 1^{st} Place – Trophy, Champion t-shirt, Wall Chart 2^{nd} Place – Trophy 4^{th} Place – 4^{th} Place –

2nd Place – Trophy 4th Place - Medal

For Official Use Only:		
Division:	Official Weight:	Weight Class:
WHITEHALL WRESTLING CLUB, INC.		
Name:		Birth Date/ Age:
Address:		
Phone:	School/Club:	
Parent/Guardian Name:		
Do you know of any health reas the wrestling program?	on why your (son/daughte	er) should not be permitted to participate in
I give my permission for Wrestling Club, Inc. Tournamer		to participate in the Whitehall
participating with the Whitehall permission for my child to be gi consideration of the use of the p Whitehall or the Whitehall Cent and/or in consideration or permi heirs, executor, administrators, s of Whitehall, the Whitehall Cen employees, coaches, and volunte and demands, on account of perhave against them by reason of or	Wrestling Club, Inc. Tour ven emergency treatment remises, facilities or equip ral School or the Whiteha atting to participate in the a successors or assigns. I he tral School, or the Whiteha eers of and from any and a sonal injury, including dea	any medical bills incurred by my child while rnament. In case of emergency, I grant by the appropriate medical personnel. In oment owned or operated by the Town of all Wrestling Club, Inc. program personnel activity listed above, on behalf of myself, my breby release and forever discharge the Town all Wrestling Club, Inc., its agents, servants, all manner of actions, suits, damages, claims ath, or other causes whatsoever, which I may seed activity. Date://
Parent/Guardian Signature		
SEEDING INFORMATION:		
TOURNAMENT:	DATE:	PLACE: