

Whitehall/Fort Ann Youth Wrestling Tournament

Date: Saturday, March 4, 2017 Location: Whitehall High School GYM
Address: Whitehall Central School is located at 87 Buckley Road, Whitehall, NY 12887
Please contact Whiteahllwrestlingclub@yahoo.com with any questions

Trophies will be given for 1st & 2nd place
Medals will be given for 3rd and 4th place



Registration & Weigh-Ins:

Division I, II & III – 7:00-9:00 AM

Division IV & V – 9:00 -11:30 AM

TOURNAMENT INFORMATION • Wrestlers who have competed at the JV or Varsity level will NOT be allowed to compete in this tournament. • High school rules are in effect. • Length of match: Three (3) one minute periods; overtime will be sudden victory. • Each bracket will be 4 or 5-man round robin (if possible, depending on the number of wrestlers in each group) • Each participant is guaranteed at least two (2) matches.

REGISTRATION: Age as of March 1, 2017, Registration will be accepted at the door.

\$25.00 per wrestler Checks should be payable to **“Whitehall Wrestling, Inc.”** Please make sure your name, phone number and address are on the check. There will be a \$25.00 charge for returned checks.

- Division I (ages 6 and under)
- Division II (ages 7 &8)
- Division III (ages 9 & 10)
- Seeding Meeting: 9:00-9:30 AM

WRESTLING BEGINS AT 10:00 A.M.

Division IV (ages 11 & 12)

Division V (ages 13 & 14)

Seeding Meeting: 11:30- 1

“Hard work Beats Talent, When Talent Doesn’t Work Hard”

FOR OFFICIAL USE ONLY:

DIVISION: _____

WEIGHT: _____

WEIGHT CLASS: _____

Name: _____ Birthdate: _____ Age: _____

Address: _____

Phone: _____ School/Club: _____

Parent/Guardian Name: _____

Do you know of any health reason why your son/daughter should not be permitted to participate in the wrestling tournament? YES NO

I give my permission for _____ to participate in the Whitehall/Fort Ann Youth Wrestling Tournament.

In the event I am not available, please contact _____ (Name) at _____ (Phone Number)

I understand I am financially responsible for any medical bills incurred by my child while participating in the Whitehall/Fort Ann Youth Wrestling tournament. In case of an emergency, I grant permission for my child to be given emergency medical treatment by the appropriate medical personnel. In consideration of the use of the premises, facilities or equipment owned or operated by the Town of Whitehall, the Whitehall Central School District or the Whitehall Wrestling Inc, personnel and/or in consideration or permitted to participate in the activity listed above, on behalf of myself, my heirs, executors, administrators, successors and/or assigns, hereby release and forever discharge the Town of Whitehall, Whitehall Central School District, the Whitehall Wrestling Inc, its agents, servants, employees, coaches and volunteers from any and all manner of actions, suits, damages, claims and demands, on account of personal injury, including death, or other causes whatsoever, which I may have against them by reason of or arising in the above listed entity.

Parent/Guardian Signature: _____

Date: _____

SEEDING INFORMATION

TOURNAMENT	PLACE