



29th Annual
Wayland Wrestling
Tournament
Jan. 30th, 2010

Registration: **PRE-REGISTRATION BY MAIL IS REQUIRED BY WED. JANUARY 27TH. PAYMENT IS REQUIRED WITH REGISTRATION FORM. NO WALK-INS**

Date/Place: Saturday, January 30, 2010 at the Wayland-Cohocton Highschool Fieldhouse
Route 63 Wayland, New York (OFF I-390 exit 3 between Cohocton & Dansville)

Entry Fee: \$17.00 per wrestler must be received by Wed. Jan. 27th **(NO REFUNDS)**
FIRST 400 paid entries. No entries accepted after Wed. Jan. 27th mail.
No email or Phone entries ONLY ONE ENTRY PER WRESTLER.
Mail entry form and fee (make checks payable to: Wayland Area Wrestling Club)
To: **Jim Miller 82 Baldwin Drive Apt. E Dansville, N.Y. 14437**

Weigh-ins: Honor Weigh-Ins. ** Wrestlers weight may be challenged randomly anytime 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, no awards.
Doors open at 7:00 am, Coaches and wrestlers must arrive by 7:30 am. to verify rosters and report NO SHOWS. Wrestling to begin ASAP!!

Eligibility: Ages 4 to 14, Age as of January 30th, 2010. 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 yrs. & 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 Grouping: Approximately 5 pounds or 10% whichever is greater. **Tournament officials reserve the right to combine or change weight classes for better competition.**

Format: Double elimination, 8 wrestler brackets whenever possible, random draw seeding,
Three -1 minute periods (1-1-1) with 1-minute overtime,
N.Y. State Highschool Rules, State Certified Referees.

Awards: Champions Tee Shirts, trophies for all 8 finishers in each weight class,
Team Sportsmanship award as voted on by the Referees

Admission: Two Coaches per team -free, all other adults and parents \$3.00, Students \$2.00, Under 5 yrs.-free

Cafeteria Service : Food and beverages available all day, serving breakfast and lunch. No Coolers, food or beverages will be allowed inside the gymnasium.

Questions: **Contact: Tournament Director Jim Miller 585-335-7364 email questions only: JWMiller62@yahoo.com**

Visit our Web Site: <http://www.geocities.com/colosseum/park/7028/main.html>

-- 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 : _____