



Finger Lakes Youth Wrestling League Inc.
Presents:

FINGER LAKES REGIONALS 2020

Date: **Sunday, February 16, 2020**

Location: Lyons Community Center, 9 Manhattan St. Lyons, NY 14489

DO NOT PARK IN THE FOLDBAK LOT. YOUR CAR WILL BE TOWED

THIS IS A SPLIT SESSION TOURNAMENT

WALK IN REGISTRATION ONLY

Weigh-Ins & Registration: ALL WRESTLERS MUST WEIGH IN

5/6, 7/8, age groups

(250 LIMIT THIS SESSION)

7:30 to 8:30 a.m. Weigh-Ins: Wrestling Begins at 9:30 a.m.

9,10, 11/12, 13/14 age groups

(200 LIMIT THIS SESSION)

7:30 to 11:00 a.m. Weigh-Ins: Wrestling Begins following conclusion of the first session

Round Robin Tournament: UP TO 5 MAN BRACKETS (when possible)

NO JV OR VARSITY EXPERIENCE!!

Section V Certified Officials and rules

Entry Fee: \$25.00 Registration (one entry per wrestler) Admissions: \$3.00 Adult, \$1.00 Children

Eligibility: Age determined as of 1-1-20 (must show proof if challenged, \$20.00 fee to challenge, Non-refundable if challenge is lost)

Food: Concessions available ALL DAY

Rules: Three one-minute periods for 5-6 to 11-12 groups, 1:30 minute periods for 13-14.

Awards: Medals for all wrestlers. T-Shirt for Champion

Team Awards: Enter a 10-man team, (No combined or all-star teams.) Plaques for 1st, 2nd, and 3rd place team

Information: Todd Maslyn 315-945-1671

I understand that wrestling is a sport which involves risk. In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Finger Lakes Youth Wrestling League Inc., The Lyons Community Center, and their agents and representatives. Furthermore, I take responsibility for any and all injuries suffered by my child at said tournament. I understand that my child must be covered by a health/injury insurance policy and by my signature below certify that he/she is covered. I agree to be responsible for any damages caused by my child. I understand that poor sportsmanship and inappropriate behavior will not be tolerated and will be grounds for removal from the tournament without refund.

Parents Signature _____ Wrestlers Signature _____

Address _____

Email _____ Phone _____

Wrestlers Name Printed _____ Age _____ Weight _____

Team/School _____ Years Exp. _____