



Saturday, March 12th

AVERILL PARK HIGH SCHOOL

146 Gettle Road
Averill Park, New York

\$35 to Pre-Register Online at www.apwarriorwrestling.com
Online registration closes 6 PM on Friday, March 11th
In-Person (Day of) Registration: \$40

Parents, coaches, and fans are free, but everyone must wear a mask!

Time: Divisions I, II, III – register/weigh in 7:00-8:30AM

Divisions IV, V – register/weigh in 10:00-11:30AM

Wrestling will start at the conclusion of pairings for both divisions.

Age Divisions: I (6 and under) **II** (7 to 8 years old) **III** (9 to 10 years old)

IV (11 to 12 years old) **V** (13 to 15 years old, no 10th graders)

Any wrestler who has not wrestled Varsity or JV is eligible. Bring proof of age such as a copy of birth certificate, school ID or other valid form. Wrestler's age will be determined by his or her age the day of the tournament

Rules: Three (3) one-minute periods. Overtime will be one (1) minute neutral or first point scored. Double overtime will be 0:30 ride out based on coin flip. NYS Refs for all but Division I

Format: Madison Weights. Wrestlers will be grouped into ROUND ROBIN groups based on weight and experience.

Awards: Champs will receive an "Interstate Sign" plaque, 2nd-3rd medals.

Directions to Averill Park High School

From Interstate 90 take exit 8 (Defreestville Route 43). Cross Route 4 Continue onto Route 43 East for approximately 5 miles to the intersection of Routes 43 & 150 (traffic light). Continue on Route 43 East for approximately 2 more miles. Take a left onto School Road. (There is a sign and on the right is a Sunoco gas station). The High School is straight ahead. The entrance road to the athletic facilities is located on the right when facing the building.

OFFICIAL ENTRY FORM (not needed if registering online)

Name _____ Age _____ Division _____

CLUB/School _____ Grade _____ Coach _____

Address _____

Phone (____) _____ Email _____

Release of Liability

I hereby release the Averill Park School District and the Averill Park Wrestling Association, Tournament officials and referees from any and all claims regarding an injury or illness that may be caused in conjunction with this tournament. I will be responsible in full for the welfare of my child.

Parent Signature: _____ Date _____

Please provide pertinent prior wrestling experience.

Years' Experience _____

Please Rank Your Wrestler (circle one)

- A- Advanced - wrestled and placed in several tournaments/ member of super club
- B- Intermediate – has wrestled in a few tournaments, but placed low
- C- Improving – may be one of the first events. Has not placed in a tournament

Tournament Place Finishes: _____

