



# WARRIOR OPEN

Saturday, March 12<sup>th</sup>

## AVERILL PARK HIGH SCHOOL

146 Gettle Road  
Averill Park, New York

Register Online at [www.APWarriorWrestling.com](http://www.APWarriorWrestling.com)

\$35 Online registration closes 6 PM on Friday, March 11<sup>th</sup>

In-Person (Day of) Registration: \$40

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

**Weigh Ins:** 1:00PM-2:00PM

**Wrestling Starts:** 3:00PM

**Eligibility:** Open Division

**Weight Classes:** 120, 130, 140, 150, 160, 170, 180, 190, 215, UNL

*1/2 pound for every year over 25 years old. Proof of age required. Divisions may be combined.*

**Rules:** High School Folkstyle Rules and NYS Officials used. (2-1-1 periods)

**Format:** Round Robin or Double Elimination based entrants per class.

**Awards:** First, Second and Third place medals (Ibuprofen if over 40)

Please direct any questions to [apwa.warriors@gmail.com](mailto:apwa.warriors@gmail.com)

or Jamie Hanlon 518-258-0019

## Directions to Averill Park High School

From Interstate 90 take exit 8 (Defreestville Rte 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 \_\_\_\_\_

CLUB/School \_\_\_\_\_ Profession \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

#### Release of Liability

I attest to being at least 18 years of age and hereby declare that if I participate in Averill Park Warrior Wrestling Challenge, I will do so at my own risk and my own free will. I will not, in any way, hold liable the tournament officials, referees, sponsors, the Averill Park Wrestling Association or Averill Park Central School District for any discomfort and/or injury that I might receive from participating in this tournament.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

-----WEIGH IN OFFICIAL USE-----

Actual Weight: \_\_\_\_\_

Age Allowance: \_\_\_\_\_

Registered Weight \_\_\_\_\_

26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
0.5	1	1.5	2	2.5	3	3.5	4	4.5	5	5.5	6	6.5	7	7.5	8	8.5	9	9.5	10	10.5	11	11.5	12	12.5	13	13.5	14	14.5	15	15.5	16	16.5	17	17.5