Justin Vanderwall Memorial

Takedown Tournament	
Date: Sunday January, 16th, 2011	
Location: Midlakes High School - RTE 488	
Weigh Ins & Registration: This is a split session tournament	
E/4 7/9 9/10	
7:30 - 8:30 A.M. : Ages 5/6, 7/8, 9/10, Registration table closes at 8:30 sharp!! Wrestling begins at 9:30. Limit to 1 st 200 wrestlers in this age group.	
11/12 12/14	
7:30 - 11:00 AM Ages 11/12, 13/14, Registration table closes at 11:00 AM sharp!! Wrestling begins approx 1:00PM. Limit to 200 wrestlers in this age	2
group.	
Walk in registration at <u>weighins only</u> . No J.V. or Varsity experience	
Contified officials	
Round Robin Tournament (we will do our best to make 4 man brackets)	
Entry Fee: \$20.00 registration, one entry per wrestler.	
Eligibility: Age determined as of day of tournament. Wrestlers must have	
proof of age if challenged	
Concessions will be available.	
Rules: One period 3 minutes long. Clock stops when out of bounds only! Technical Falls @ 15 point spread. No Pins and no back points. Overtime - 1 minute period, 1 st takedown wins. In the event of a ti	ie
for placing, head to head match up will take precedence. Second criteria will be the most takedowns on the day.	
Awards: 1st - 4th	
Information: Dave Smith 585-733-2074	
Market Special Street S	
I understand that wrestling is a sport, which involves risk. In consideration of this entry be accepted, I hereby, for my child, waive and release any and all rights and claims for damage may have against the Town of Phelps, Midlakes Central School District, The Midlakes Wrestling Boosters, Finger Lakes Youth Wrestling Inc., and their agents and representative Furthermore, I take responsibility for any and all injuries suffered by my child at a tournament. I understand that my child must be covered by a health/injury insurance pot and by signatures below, verify that he or she is covered. I agree that Parent/Coach responsible for any damages caused by this wrestler. Poor sportsmanship/inappropribehavior will not be tolerated and person (s) will be asked to leave the grounds.	lin ve: sai olic ch
Parents Signature: Wrestlers Signature	

TEAM/School:____

Make checks payable to : Midlakes wrestling boosters

Wrestlers printed name:_____

Phone _____

YRS. experience:_____ Address_____