WHITEHALL YOUTH WRESTLING TOURNAMENT

DATE: Saturday, March 5, 2011 LOCATION: Whitehall High School Gym

Whitehall Central School is located at 87 Buckley Road, Whitehall, New York. Drive east on Route 4 through the village. Drive 1 mile past the Stewarts Shop. Look for a green Whitehall Central School Campus Sign. Turn left onto Buckley Road prior to the railroad tracks. From Vermont, drive west on Route 4 to railroad tracks and immediately turn right onto Buckley Road. The gymnasium is in the first building on the left.

Registration & Weigh-ins Division I, II, & III = 7:00 - 9:00 am. Division IV& V = 9:00 - 11:30 am.

Division I (age 6 & under)
Division II (age 7 & 8)
Division III (age 9 & 10)
Seeding meeting 9:00 to 9:30
WRESTLING BEGINS @ 10:00

WRESTLING DEGINS @ 10:00

*Age as of March 1, 2011

Division IV (age 11 & 12) Division V (age 13 & 14) Seeding meeting 11:30 – 12:00

DIVISION IV and V wrestlers will be weighed in after 9:00 am.

*Age as of March 1, 2011

REGISTRATION

Registration will be accepted at the door: \$20.00 per wrestler

**For more information contact Frank Barber (518) 499-2428; Bob Diekel (518) 499-2400; Paul Diekel (518) 499-1615; or John Blair (518) 307-4628

TOURNAMENT INFORMATION

- Wrestlers who have competed at the JV or Varsity Level will <u>NOT</u> be allowed to compete in this tournament.
- High School Rules in effect.
- Length of match three (3 one minute periods); overtime sudden win.
- Madison System will be used with eight wrestlers maximum per weight class.
- Each participant will wrestle at least twice.

AWARDS

1st Place – Trophy, Champion t-shirt, Wall Chart 2nd - 3rd Place – Trophy 4th Place - Medal

| For Official Use Only: | | |
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| Division: | Official Weight: | Weight Class: |
| WHITEHALL WRESTLING CLUB, INC. | | |
| Name: | | Birth Date/ Age: |
| Address: | | |
| Phone: | School/Club: | |
| Parent/Guardian Name: | | |
| Do you know of any health reaso the wrestling program? | n why your (son/daughte | r) should not be permitted to participate in |
| I give my permission for Wrestling Club, Inc. Tournament | | to participate in the Whitehall |
| participating with the Whitehall V permission for my child to be give consideration of the use of the pro- Whitehall or the Whitehall Centra and/or in consideration or permit heirs, executor, administrators, su of Whitehall, the Whitehall Centra employees, coaches, and voluntee | Wrestling Club, Inc. Tour en emergency treatment lemises, facilities or equipal School or the Whitehalting to participate in the auccessors or assigns. I he ral School, or the Whitehalters of and from any and a bonal injury, including dear | ny medical bills incurred by my child while mament. In case of emergency, I grant by the appropriate medical personnel. In oment owned or operated by the Town of Il Wrestling Club, Inc. program personnel activity listed above, on behalf of myself, my breby release and forever discharge the Town all Wrestling Club, Inc., its agents, servants, all manner of actions, suits, damages, claims ath, or other causes whatsoever, which I may ed activity. Date:// |
| Parent/Guardian Signature | | Datc/ |
| | SEEDING INFORM | MATION: |
| TOURNAMENT: | DATE: | PLACE: |
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