

Lynn Tewksbury - Justin Vanderwall Memorial  
Takedown and Folkstyle Tournament



Date: Sunday, January 29, 2023  
Location: Midlakes High School

**Walk in Registration**  
**10 Wrestler Team Trophies 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Place**  
2 Gyms will be used so only one entry per session

**Take Down Tournament for ages 5/6 and 7/8** (3 minutes running clock. Stops on out of bounds only)  
5/6, 7/8 age groups (200 Limit this session)  
7:30 to 8:30 a.m. Registration: Wrestling Begins at approximately 9:45 a.m.

**THIS IS A SPLIT SESSION TOURNAMENT**

**9/10, 11/12, 13/14 age groups** (200 Limit this session)  
**Folkstyle Tournament** / Section V High School Rules  
7:30 to 11:00 a.m. Registration Wrestling Begins following the morning session

**NO JV OR VARSITY EXPERIENCE!!**

4-6 Man Round Robin Tournament: Section V Certified Officials  
**Entry Fee: \$30.00 Registration Admissions: \$3.00 Adult \$1.00 Children**

\*\*Please make checks payable to: Midlakes Wrestling Boosters\*\*

Eligibility: Age determined as of 1-1-23 (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 ages 9/10 and 11/12, 1-1/2 minute periods for 13/14  
Section V High Schools Rules!! One-minute sudden death overtime, 30sec. tiebreaker.  
Awards: Trophies for 1st, 2nd, and 3rd. Medals for the rest.  
Information: Steve Howcroft Email: [showcroft@midlakes.org](mailto:showcroft@midlakes.org) Cell# 585-739-8652

**DO NOT SEPERATE**

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., Phelps Clifton Springs Central Schools, 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 \_\_\_\_\_

Wrestlers Name Printed \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

email\_address \_\_\_\_\_

Team/School \_\_\_\_\_ Years Exp. \_\_\_\_\_