

HOLLEY WRESTLING CLUB TOURNAMENT

AAU CARD REQUIRED and may be purchased at the tournament

DATE: **Saturday, March 26, 2011**
PLACE: **Holley Elementary School, 3800 North Main Street, Holley, NY 14470.**
AGE: Day of tournament. Proof may be required.
RULES: NYS High School rules. Double elimination Sudden victory overtime-1:00, then one ride out.
CLINIC: **There will be a free technique clinic at 8:30am by Quinton Murphy, Kacee Sauer and college wrestlers.**

WEIGH-INS: Friday, March 25th, 6:00 – 6:30pm – Any age division
Saturday, March 26th, 7:30-8:30am – 5 years old - 12 years old age groups
Saturday, March 26th, 11:30-12:00pm – 13 years old – High School age groups
No weight Classes-GROUPED WEIGHTS IN EACH AGE DIVISION-8 man brackets if possible

*5 & 6 years Bouts: 1 1/2 - 1 1/2	*11 & 12 years Bouts: 2 - 2
*7 & 8 years Bouts: 1 1/2 - 1 1/2	*13 & 14 years (& under 9 th grade) Bouts: 2 - 2
*9 & 10 years Bouts: 1 1/2 - 1 1/2	*Grades 9 – 12 (Selective Classification) Bout: 2 - 2 may wrestle in H.S. division)

TOURNAMENT OFFICIALS RESERVE THE RIGHT TO ALTER OR COMBINE WEIGHT CLASSES WHEN BETTER COMPETITION WILL RESULT.

WRESTLING BEGINS: As soon as possible after the group completes weigh-ins.
THERE WILL BE A SKIN CHECK FOR RASHES. IF IN DOUBT, BRING A NOTE FROM YOUR DOCTOR.

OFFICIALS: Certified NYS officials at each mat, if possible.
AWARDS: Trophies 1st & 2nd Medals 3rd
FOOD: Concession stand will be open all day. No food or drink in locker room or gym.
ENTRY FEE: \$20.00 at the door. Register at weigh-ins.
SPECTATOR FEE: \$3.00 Family \$1.00 Adult \$.50 Student

(Once you pay and enter the tournament, no refunds are given)

WAIVER OF LIABILITY

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Holley Wrestling Club, Holley Central School District, coaches, officials, its agent representative, successors, or anyone affiliated with this tournament for any accidents, injuries, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

WRESTLER'S NAME _____ PHONE # (____) _____

Street _____ City/Town _____ Zip _____

WRESTLER'S SIGNATURE _____ HONORS/RECORD _____

PARENT SIGNATURE _____ GRADE _____

CLUB OR SCHOOL _____ YEARS EXPERIENCE _____

DATE OF BIRTH _____ AGE _____ DIVISION _____ AAU Card # _____

(OFFICIAL USE ONLY) *****

SCRATCH WEIGHT AT WEIGH-INS _____

AGE DIVISION _____

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