

WHITEHALL YOUTH WRESTLING TOURNAMENT

DATE: Saturday, March 3, 2011

LOCATION: Whitehall High School Gym

Whitehall Central School is located at 87 Buckley Road, Whitehall, New York.

Registration & Weigh-ins

Division I, II, & III = 7:00 – 9:00 a.m.

Division IV & V = 9:00 – 11:30 a.m.

<p>Division I (ages 6 & under) Division II (ages 7 & 8) Division III (ages 9 & 10) Seeding Meeting = 9:00 – 9:30 a.m.</p> <p>WRESTLING BEGINS @ 10:00 a.m.</p> <p>Age as of March 1, 2012</p>	<p>Division IV (ages 11 & 12) Division V (ages 13 & 14) Seeding Meeting 11:30-12:00</p> <p>Division IV & V wrestlers will be weighed in after 9:00 a.m.</p> <p>Age as of March 1, 2012</p>
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REGISTRATION

Registration will be accepted at the door: \$25.00 per wrestler
Checks should be made payable to "Whitehall Wrestling Club, Inc"
Please make sure your name, address and phone numbers are on the check.
There will be a \$20.00 charge for returned checks

TOURNAMENT INFORMATION

- Wrestlers who have competed at the JV or Varsity Level will **NOT** be allowed to compete in this tournament.
- High School Rules are in effect
- Length of the match: Three (3) one minute periods; Overtime will be sudden victory.
- Each bracket will be 4 or 5 man Round Robin (if possible, depending on the number of wrestlers in each group)
- Each participant is guaranteed at least two (2) matches.
- Please contact whitehallwrestlingclub@yahoo.com with any questions.

AWARDS

1st Place: Medal & Wall Chart
3rd Place: Medal

2nd Place: Medal
4th Place: Medal

FOR OFFICIAL USE ONLY:

Division: _____ **Weight:** _____ **Weight Class:** _____

WHITEHALL WRESTLING CLUB, INC.

Name: _____ Birthdate: ____/____/____ Age: ____

Address: _____

Phone: _____ School/Club: _____

Parent/Guardian Name: _____

Do you know of any health reason why your son/daughter should not be permitted to participate in the wrestling program? _____

I give my permission for _____ to participate in the Whitehall Wrestling Club, Inc. Pee Wee Tournament

I understand that I am financially responsible for any medical bills incurred by my child while participating with the Whitehall Wrestling Club, Inc. Tournament. In case of an emergency, I grant permission for my child to be given emergency treatment by the appropriate medical personnel. In consideration of the use of the premises, facilities or equipment owned or operated by the Town of Whitehall , the Whitehall Central School or the Whitehall Wrestling Club, Inc. program personnel and/or in consideration or permitting to participate in the activity listed above, on behalf of myself, my heirs, executors, administrators, successors or assigns. I hereby release and forever discharge the Town of Whitehall , the Whitehall Central School and the Whitehall Wrestling Club, Inc., its agents, servants, employees, coaches and volunteers of and from any and all manner of actions, suits, damages, claims and demands, on account of personal injury, including death, or other causes whatsoever, which I may have against then by reason of or arising in the above-listed activity.

Parent/Guardian Signature

Dated: ____/____/____

SEEDING INFORMATION:

TOURNAMENT	DATE	PLACE