

SOUTH SENECA

Youth Wrestling Tournament - 2012

Sponsored by Four Town Community Center

Saturday, March 17, 2012

Jack Guinan Gymnasium • South Seneca High School • 7263 Main Street, Ovid, NY

Wrestlers will be grouped according to actual weight (not more than 10% difference in brackets). Random seeding. Maximum 8-man brackets. Full-wrestle back or round robin format used wherever possible, so most wrestlers will get at least 3 matches.

AGE GROUPS: 6 & under, 7/8, 9/10, 11/12, 13/14 (No varsity or JV experience)
Age as of March 17, 2012.

SPLIT SESSION by age groups:

**6 & under • 7/8 • 9/10: Check-in from 7:30 - 8:30 am.
Wrestling to start at 9:30am or as soon as possible.**

**11/12 • 13/14: Check-in from 11:00 am-12:00 noon.
Wrestling to start as soon as possible following am session.**

**HONOR WEIGH-INS: Pre-register using attached forms.
Spot weight checks may be made on day of tournament.**

ENTRY DEADLINE: All entry forms **MUST be received **NO LATER THAN 5pm**
on Thursday, March 15th. NO WALK-INS.**

Each session limited to 200 wrestlers, so get your forms in early.

Forms may be mailed to: South Seneca High School
ATTN: John Barkee
7263 Main St, Ovid, NY 14521

or faxed to: 607-869-9553 ATTN: John Barkee

or e-mailed to: jd wag@empacc.net

**ENTRY FEES: \$20.00 per wrestler, due by check-in time on tournament day. No refunds.
Checks made payable to **Four Town Community Center**
\$2 adult spectator admission, students & children free**

**AWARDS: Trophies awarded to 1st -4th place. Participation medals for 5th-8th.
First place finishers also receive Champion t-shirt.**

TOURNAMENT RULES & GENERAL INFORMATION:

• High School Folk Style wrestling • Certified Referees • OT period 1 minute sudden victory, followed by 30-second tiebreaker if necessary • Concessions available all day • **NO SMOKING** on school grounds

Further information contact: John Barkee at 607-351-6067 or e-mail jd wag@empacc.net

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PRE-REGISTRATION FORM - must be received by 5pm on Thurs, March 15th

Club or school name: _____

Coach/parent name: _____ Contact phone #: _____

LAST NAME	FIRST NAME	AGE	WEIGHT

Liability Waiver: In consideration of your acceptance of the entries listed above, I/we acknowledge and fully understand that South Seneca Central School District and employees, Four Town Community Center, its sponsors, the referees, and/or volunteers will not be held legally responsible for any injury or unforeseen circumstance that may happen while in attendance at this event. I also authorize any and all medical treatment and/or transportation that may be required in the event that my child should become injured. I further understand that should an injury arise that my child would be transported to the nearest appropriate medical facility as deemed necessary by the medical staff on duty at this event.

Acknowledgement of liability waiver: _____