

Henrietta Recreation Department 3rd Annual RH Jr. Comet Winter Wrestling Classic



This tournament is a qualifier for the Ohio Tournament of Champions, Columbus Ohio, on April 20, 2013 and Gene Mills Eastern Nationals, Syracuse, NY, on March 30, 2013.



Where: Rush-Henrietta Senior High School located at 1799 Lehigh Station Rd Henrietta, NY 14467-9788.
Clinic: Head clinician, Mike McNally, at [G2 World Wrestling Academy](#) from 8:30 – 9:30. Set ups, takedowns etc.
When: Sunday, December 9th, 2012. Weigh-in and skin checks - Sunday 7am-8:30am. Coaches meeting at 9:00am Wrestling will begin at 9:30. Athletes that are over their pre-registration weight by 2lbs will be disqualified and no refund will be available. Wrestlers are allowed to compete in two age groups. Please contact tournament director if interested. Athletes will have to fill out and pay for both registrations. **NYS certified trainer on site.**
Fee: \$22.00 Make check or money orders payable to the Town of Henrietta and mail to:
 Town of Henrietta Recreation Department, 475 Calkins Road, Henrietta, NY 14467-0999.

No walk -in registration allowed the day of tournament. Proof of age may be challenged.
How: Limited to 300 wrestlers for this **pre-registration** event only. All registrations must be postmarked by 11/30/12. (Not responsible for mail received after 12/01/12).
Age: As of the day of the event, 6 and under, 7-8, 9-10, 11-12, 13-14 no JV/varsity experience, modified wrestlers welcome. Participants will be grouped by age, weight, and experience where possible.
Awards: Trophies 1st – 5th place. Criteria: Head to Head, Pins, Fastest Pin.
Rules: 1-1-1 NYS rules. Singlet's not required, headgear optional, OT is 30 sec.
Officials: Certified NYS officials will be used for all divisions. Exhibitions allowed if a NYS official is available.
This is a Pre-registration Round Robin Youth Wrestling Tournament (5 man when possible)

***** Registration *****

Wrestlers Name: _____ **Age:** _____ **Weight:** _____ **DOB:** ___/___/___

Address: _____ (City, State, and Zip) **Gender:** M / F

Home Phone: _____ **Secondary Phone:** _____ **First tournament:** YES / NO

Parents/Guardian Full Name: _____ **Relation:** _____ **Years of experience:** _____

Parents DOB: ___/___/___ **Emergency contact number:** _____ **School or Club:** _____

Email: _____ **Special Needs:** _____

Town of Henrietta Waiver

Waiver for Participation: I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Town of Henrietta does not provide accident or medical insurance for the program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for a licensed physician or hospital staff to administer emergency medical care deemed necessary for person(s) listed below when parental permission is unavailable. I agree to hold the Town of Henrietta, its employs and officials harmless for and accident, injury, or other cause of action occurring while I and/or my child participate in this program. Anybody with a questionable skin condition may be removed from the tournament at any time. Misconduct, child abuse or misbehavior toward officials and/or RH Jr. Comet staff by parents or athletes will result in automatic expulsion from the tournament and the RH Senior School grounds. Tournament directors have the right to remove anyone not complying with tournament rules.

Parents Signature: _____ **Date:** ___/___/___

Tournament Director: Adam Burgos at adamburgos@g2wrestling.com for questions or concerns.