

Waverly Youth Wrestling



5 – Man Round Robin Tournament

- Date:** January 13, 2013
- Times:** Check-in: 7:30AM – 8:30AM
Skin/Nail Check: 8:50AM – Report to Assigned Mat for Inspection
Wrestling Begins: 9:00AM
- Entry Fee:** \$20.00 Per Wrestler – Make Checks Payable to Waverly Wrestling Club
- Admission:** Adults: \$3.00 Students: \$1.00 Preschool: FREE
- Registration:** **Teams** – Can email complete team roster to wrestle44@yahoo.com no later than Thursday January 10th.
Individuals – Mail registration forms with payment to Charlie Hughes – Head Wrestling Coach, Waverly Jr./Sr. High School, 1 Frederick St., Waverly, NY 14892. Envelopes must be postmarked no later than Monday, January 7th, 2013. Late entries will not be accepted & will be returned.
- Divisions:** 6 & Under, 7 & 8, 9 & 10, 11 & 12
Wrestler's age as of January 13, 2013
Wrestlers may only participate in one age division
Each bracket will be grouped by actual weight & ability by tournament committee. Please provide accurate records for best pairing.
- Weigh-Ins:** Honor weigh-in system. Please provide actual weights, not weight classes.
If challenged wrestler must be within 2 pounds of listed weight.
- Challenges:** Challenges will be handled at the discretion of the tournament director. All challenges must be done in the first round & both wrestlers must weigh in & be within 2 pounds of the listed weight on the form or they will be disqualified with no refund.
- Awards:** **Trophies for 1st – 3rd place finishers, medals for 4th & 5th place finishers.**
Placing criteria will be based on win/loss record, head to head winner, # of pins, total points, total takedowns, & then total penalties.
- Concessions:** Food, beverages, and snacks will be available all day. **Questions may be directed to:** Don McCarty at (607) 565-3551 or George Granger at (607) 481-0271 or email at Wrestle44@yahoo.com

Please turn in the bottom portion of this form by mail or upon entry to the school.

Name: _____ Birth Date: _____

Division: _____ Age: _____ Actual Weight: _____

2012 Record: Wins _____ Losses _____ Years Exp _____

Past Honors: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Team (Club) _____

I certify the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release any and all rights and claims for damage I may have against the Waverly Wrestling Club, Waverly Central Schools, officers and employees, tournament committees and officials and referees from any and all liability for any injury suffered by myself or the wrestler directly or in directly as a result of this tournament.

Parent/Guardian Signature: _____ Date: _____