

SATURDAY – February 16 , 2013
“Brawl in the Falls”

*This is a NYWAY
Qualifier for the
Capital Region
Championships*

Youth Tournament

Sponsored by

**The Hoosick Falls Wrestling Club
and “The Barn Brawlers” wrestling club**

Last year this tournament sold out – preregister to guarantee your spot

Only 300 spots for contestants

Tournament Director
Central School

Mike LaPorte
PO BOX 161
Hoosick Falls, NY 12090
Phone: 518-649- 2101
Email: michaellaporte202@yahoo.com

Location: Hoosick Falls

21200 Route 22
Hoosick Falls, NY 12090

Weigh- in: Hoosick Falls Central School - all divisions Friday night 6-8 pm or
(*This is a weighed event –no honor weigh-ins allowed) DIV I, II, III Saturday 7:30 am – 8:30 am
DIV IV, V, Saturday 11:00 - 12:00

Divisions: I (ages 5-6)
II (Ages 7-8)
III (Ages 9-10)
IV (Ages 11-12)
V (Ages 13-14)

Pre- Registration is required

FEE:\$25 –

(No JV or Varsity experience allowed)

Make Checks Payable

Hoosick Falls Wrestling Club

Officials: We will have paid officials running this tournament

Seeding: Coaches meeting
8:30am – 9:15 am for Div. I, II and III
12:00pm -12:30 pm for Div. IV and V

Wrestling: Starts at 9:30 am
for Divisions I, II and III
Divisions IV, V, approximate start time 12:30 pm

Format: 4 man Round Robin
Concession will be open all day

Awards: All Divisions
1st place –Trophy, Chart and CHAMPION t-Shirt
2nd – 4th place – trophies

Team awards- 10 man roster
MOW awards for each session

Registration

To Preregister send registration to:

Contact: Mike Laporte
PO Box 161
Hoosick Falls, NY 12090
518-649-2101
E-Mail: michaellaporte202@yahoo.com

Division: _____
Weight: _____
Pool: _____

FEE: \$25 – Make checks payable to Hoosick Falls Wrestling Club

Name: _____ DOB: _____

School District Wrestler resides in: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____

Division: _____ Weight : _____ NYWAY Member# _____

Career Record: _____

Past Accomplishments: _____

Anybody with a questionable skin condition may be removed from the tournament at any time. Misconduct, child abuse or misconduct toward tournament officials and/or tournament staff by parents or athletes will result in automatic expulsion for the tournament and the school property. Tournament directors/officials have the right to remove anyone not complying with tournament or school district rules.

In consideration of this entry being accepted, I hereby release The Hoosick Falls Central School District, its Board of Education, Coaches, and Tournament Officials from any and all claims, liabilities and/or damages incurred by me directly or indirectly, traveling to or from, and/or participating in the Brawl in the Falls Youth Wrestling Tournament. I take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a medical health insurance policy as a requirement for participating in this tournament and my child is covered by a medical health insurance policy.

Parents Signature: _____ Date: _____