



RAY NURSE MEMORIAL TOURNAMENT

RED JACKET YOUTH WRESTLING

Date: Saturday March 16th 2013

Location: Red Jacket High School Rt 21 Manchester, NY

THIS IS A SPLIT SESSION TOURNAMENT

5/6, 7/8, 9/10 age groups

7:30 to 8:30 a.m. Registration: Wrestling Begins at 9:00 a.m.

11/12, 13/14 age groups

10:00 to 11:00 a.m. Registration: Wrestling Begins approx. 1:00p.m.

Honor Weigh In - Tournament officials have the right to challenge Weights

PRE-REGISTRATION ONLY!!

Registration Deadline: Thursday March 14th
Limit 250 Wrestlers

NO JV OR VARSITY EXPERIENCE!!

Round Robin Tournament: 4 man brackets (when possible) 5 man brackets if needed.
Section V Certified Officials

Entry Fee: \$20.00 Registration (one entry per wrestler) Admissions: \$3.00 Adult \$1.00 Children

Eligibility: Age determined as of 3-16-13

(must show proof if challenged, \$20.00 fee to challenge, Non-refundable if challenge is lost)

Food: Concessions Available ALL DAY

Rules: Three one minute periods for 5-6, 7-8, 9-10 year olds.

One and a half minute periods for 11-12, 13-14 year olds.

Section V High Schools Rules!!

[Awards: Trophies for 1st, 2nd, Medals for the rest.](#)

Information: Todd Maslyn – 315-945-1671 maslyntodd@gmail.com

Chris Schwalbach – 585-905-1539 cschwab26@aol.com

Mail Entries to: Todd Maslyn
31 North Ave
Manchester, NY 14504

I understand that wrestling is a sport which involves risk. In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Finger Lakes Youth Wrestling League Inc., The Red Jacket Schools, and their agents and representatives. Furthermore, I take responsibility for any and all injuries suffered by my child at said tournament. I understand that my child must be covered by a health/injury insurance policy and by my signature below certify that he/she is covered. I agree to be responsible for any damages caused by my child. I understand that poor sportsmanship and inappropriate behavior will not be tolerated and will be grounds for removal from the tournament without refund.

Parents Signature _____ Wrestlers Signature _____

Wrestlers Name Printed _____ Age _____ Weight _____

Address _____

Phone # _____

Team/School _____ Years Exp. _____

****Please make checks payable to: Red Jacket Wrestling****