



Finger Lakes Youth Wrestling League Inc.

Presents:

The Finger Lakes Regionals

Date: Sunday March 4th

Location: Gananda Middle School, Day Spring Drive, Walworth, NY

(We should be ok with parking, however, if you could car pool that would be great.)

Weigh Ins & Registration: *This is a split session tournament*

5/6, 7/8, 9/10

7:30 - 8:30 A.M.: Ages 5/6, 7/8, 9/10, Registration table closes at 8:30 sharp!! Wrestling begins at 9:30. Limit to 1st 200 wrestlers in this age group.

11/12, 13/14

7:30 - 11:00 AM Ages 11/12, 13/14, Registration table closes at 11:00 AM sharp!! Wrestling begins approx 1:00PM. Limit to 1st 200 wrestlers in this age group.

- Walk in registration at **weighins only**. No J.V. or Varsity experience
- **Certified officials**
- **Round Robin Tournament** (we will do our best to make 4 man brackets)

Entry Fee: \$16.00 registration, one entry per wrestler, per session

(Make checks payable to: Finger Lakes Youth Wrestling League Inc.)

Eligibility: Age determined as of day of tournament. Wrestlers must have proof of age if challenged

Food: Concessions will be available. Tournament t-shirts for sale

Rules: Three one minute periods. **Section Five High School Rules**

Awards: 1st - 4th

Information: Dave Smith 315-548-2947

John Fiorino 585-943-7890

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 Finger Lakes Youth Wrestling Inc., Gananda Central School District, 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 signatures below, verify that he or she is covered. I agree that Parent/Coach is responsible for any damages caused by this wrestler. Poor sportsmanship/inappropriate behavior will not be tolerated and person (s) will be asked to leave the grounds.

Parents Signature: _____ **Wrestlers Signature**_____

Wrestlers printed name: _____ **Age**_____ **Wt:**_____

YRS. experience: _____ **Address**_____

Phone _____ **TEAM/School:** _____