

Lew-Port Wrestling Club

Wrestling Tournament

Sunday January 26th, 2014

This is a NYWAY tournament. Wrestlers must have a current NYWAY card. NO cards can be purchased at time of tournament. Register at www.nyway.org

Location:	Lew-Port High School, 4061 Creek Rd, Youngstown, NY, 14174
Contact:	Tournament Director: Bill Edwards (wje@niagara.edu) 716-940-8634
Entry Fee:	\$20 Check Payable to Lew-Port Wrestling Club
Registration & Weigh-ins:	7:00AM – 8:00AM Sunday January 26 th 2014 Wrestling Starts at 10:00AM
Awards:	TROPHIES FOR 1 ST , 2nd, 3 rd and MEDALS for 4 th place Team Trophies for 1 st , 2 nd & 3 rd Places
Divisions:	Divisions: Age as of January 26th, 2014 Division 1: 6 and Under Division 2: 7 & 8 Division 3: 9 & 10 Division 4: 11 & 12 Division 5: 13 & 14
Novice:	There will be novice brackets in each division for 1st year wrestlers
Rules:	NYWAY Registration Required Collegiate Rules (Folkstyle) Bout Length: Division I - III: Three 1 minute periods, Divisions IV - V: Three 1.5 minute periods
Pairings:	Tournament Round Robin Brackets Grouped by 5 (when possible). Max 12% Variance in Weight Class -There is no advantage to losing weight for this event!
Refreshments:	Hot Food, Snacks & Drinks Available (Breakfast & Lunch) No Food or Drink Allowed in Gym
Admission:	Adults \$2, Students \$1, Children ages 5 & under are free

- This event is sanctioned by the New York Wrestling Association for Youth
- All participants must have a current NYWAY membership. NYWAY membership is not included as part of the entry.
- NYWAY membership must be obtained before the competition begins. Visit the NYWAY web site www.nyway.org to obtain membership.
- NOVICE division for first year wrestlers.

Name: _____

Phone: _____

Address: _____

DOB: _____ **Age:** _____

City: _____

Club: _____

State: _____ **Zip:** _____

NYWAY #: _____

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Lew-Port School District, Lew-Port Wrestling Club, coaches, officials, its agent representative, successors, or anyone affiliated with this tournament for any accidents, injuries, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

Parent's Signature: _____

Date: _____

..... **Completed by Registration Officials Only**

Weight _____

ID# _____

Division: _____