

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 26th 2014
Wrestling Starts at 10:00AM

Awards: TROPHIES FOR 1ST, 2nd, 3rd and MEDALS for 4th place
Team Trophies for 1st, 2nd & 3rd 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:** _____