



34th Annual WAWC Wrestling Tournament

January 31, 2015

- Registration:** PRE-REGISTRATION BY MAIL IS REQUIRED BY WED. JANUARY 26th.
PAYMENT IS REQUIRED WITH REGISTRATION FORM. NO WALK-INS!
- Date/Place:** Saturday, January 31, 2015 at the Wayland-Cohocton High School
Field House. Route 63 Wayland, New York
- Entry Fee:** \$20.00 per wrestler, must be received by Wed. Jan. 26th (NO REFUNDS)
FIRST 400 paid entries. No entries accepted after Wed Jan 26th.
No Email or Phone entries. ONLY ONE ENTRY PER WRESTLER.
Mail entry form and fee (checks payable to: Wayland Area Wrestling Club) to:
Jerry Ott 8988 Miller Rd. Wayland, NY 14572
- Weigh-ins:** Honor Weigh-Ins. ** Wrestlers weight may be challenged randomly anytime
by the Tournament Director. If a wrestler exceeds their honor weight by more than 3 pounds, the wrestler will
be disqualified from the tournament. No refunds, no awards.
Doors open at 7:00 am Coaches and wrestlers must arrive by 7:30 am to verify roster and report NO SHOWS.
Wrestling to begin ASAP
- Eligibility:** Ages 4 to 14, Age as of January 31, 2015. NO JV or Varsity experience.
Proof of age may be required. Singlets or gym shorts, no long sweat pants.
- Age Divisions:** Division 1 -ages 6 & under. Division 2 -ages 7-8 yrs.
Division 3 -ages 9-10 yrs. Division 4 -ages 11-12 yrs.
Division 5 -ages 13-14 yrs
- Weight Class** Approximately 5 pounds or 10% whichever is greater. Tournament
- Grouping:** Officials reserve the right to combine or change weight classes.
- Format:** Double elimination. 8 wrestler brackets whenever possible, random
draw seeding, (1-1-1) Three-1 minute periods with 1 minute overtime
N.Y. State High school Rules; Certified N.Y. State Referees.
- Awards:** T shirts for all champions; Trophies for top 8 finishers in each weight class.
Team Sportsmanship award as voted on by the Referees.
- Admission:** Two Coaches per team - free, all other adults and parents \$3.00,
Students \$2.00, under 5 years free.
- Cafeteria:** Food and beverages available all day, serving breakfast and lunch.
No Coolers, food or beverages will be allowed inside the gymnasium.
- Questions:** Contact: Jerry Ott 585-245-2577 Email Question to: ricematt29@gmail.com

EMAILED ROSTERS WILL BE REJECTED!!!

DO NOT TEAR---(REGISTRATION INFORMATION PLEASE PRINT CLEARLY)--DO NOT TEAR

NAME _____ AGE _____ YRS. WEIGHT _____ LBS.

TEAM NAME _____ DATE OF BIRTH: _____ PHONE # _____
(If None Leave Blank)

In consideration of your acceptance of this tournament entry, I hereby, for my child and myself, release the Wayland Area Wrestling Club (WAWC), Wayland-Cohocton Central School, the Steuben County school district and all officials of this tournament from any claims, liabilities, or rights to damage for any injuries or losses suffered by my child or myself directly or indirectly in training for, traveling to and from participating in the Wayland Area Wrestling Club Tournament. I HAVE MY OWN INSURANCE.

SIGNATURE OF WRESTLER _____ DATE : _____

SIGNATURE OF LEGAL GUARDIAN _____ DATE : _____

