



Mailing Address:

Finger Lakes Youth Wrestling League Inc.
P.O. Box 167, Clifton Springs, NY 14432

Presents:

FINGER LAKES REGIONALS 2016

Date: Sunday, February 21, 2016

Location: Lyons Community Center, 9 Manhattan St. Lyons, NY 14489

Weigh-Ins & Registration: ALL WRESTLERS MUST WEIGH IN

DO NOT PARK IN THE FOLDPAK LOT. YOUR CAR WILL BE TOWED

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

(250 LIMIT THIS SESSION)

7:30 to 8:30 a.m. Weigh-Ins:

Wrestling Begins at 9:30 a.m.

THIS IS A SPLIT SESSION TOURNAMENT

WALK IN REGISTRATION

11/12, 13/14 age groups

(200 LIMIT THIS SESSION)

7:30 to 11:00 a.m. Weigh-Ins:

Wrestling Begins approx. 1:00p.m.

NO JV OR VARSITY EXPERIENCE!!

Round Robin Tournament: UP TO 5 MAN BRACKETS (when possible) Section V Certified Officials

Entry Fee: \$25.00 Registration (one entry per wrestler) Admissions: \$3.00 Adult \$1.00 Children

Eligibility: Age determined as of 1-1-16 (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 to 11-12 year olds. One and a half minute periods for 13-14.
Section V High Schools Rules!!

Awards: Medals for all wrestlers. T-Shirt for Champion

Team Awards: Enter a 10 man team, Plaques for 1st, 2nd, and 3rd place team

Information: Kevin Smith 585-739-4994

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 Lyons Community Center, 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_____ email_____ Phone_____

Team/School_____ Years Exp._____

NYWAY #_____ (not required for entry)