

JOHNSON CITY RECREATIONAL WRESTLING TOURNAMENT

5 MAN ROUND ROBIN

SUNDAY, DECEMBER 6, 2009

LOCATION: JOHNSON CITY HIGH SCHOOL
 666 Reynolds Road, Johnson City, NY (Exit 70N off Rte. 17 – North of Oakdale Mall)

ENTRY FEE: \$ 20.00 PRE-REGISTRATION ONLY. Must be postmarked by December 2, 2009.
LIMITED TO THE FIRST 300 PAID ENTRIES

ADMISSION: Adults \$2.00 – Kids \$1.00

WRESTLING BEGINS: 10:00 AM

SEEDING MEETING: Seeding will be done on experience level/records. Experience level must be filled out.

HONOR WEIGH-IN: Wrestler's weight may be challenged prior to the end of the first round of wrestling for \$20.00; refundable only if wrestler fails weight challenge. Wrestler must be within 3 lbs. of his/her registered weight. Wrestler will be disqualified with no refund if he/she is over. Be honest with weight and rating.

INDIVIDUAL AWARDS: 1st and 2nd Place Trophies; 3rd and 4th Place Medals

TEAM AWARDS: Trophy for 1st Place team. (1st = 10 points, 2nd = 7 points, 3rd = 4 points) Each team must designate a 10-person roster with 2 wrestlers per each division. Sheets available at head table.

OFFICIALS: New York State Certified

RULES: New York State (Modified High School)

HEAD GEAR: Preferred

DIVISIONS: 6 & Under 7 & 8 9 & 10 11 & 12 13 & 14

Each age division will be sorted by actual weight. Actual weights must be entered on the form. Each bracket will be made up of 5 wrestlers (if possible) whose weights are closest with consideration given to experience and ability that is received on the tournament application. Every effort will be made to give each wrestler 4 matches.

JV and Varsity experience accepted.

You may only enter one age/weight division.

Tournament Director reserves the right to eliminate/combine weight classes.

Age as of day of tournament. Proof of age must be presented if contested.

Make checks payable to and mail to: Johnson City Recreational Wrestling Club, c/o Tina Bidwell
 19 Burns Street, Johnson City, NY 13790

For further information contact: Chris Conklin (607) 797-0785 Jim Lateer (607) 206-3711
 Or e-mail at johnsoncitywrestling@hotmail.com .
 E-MAIL ENTRIES CANNOT BE ACCEPTED

INDIVIDUAL WRESTLER ENTRY FORM

NAME: _____ DATE OF BIRTH: _____ AGE: _____ WT.: _____

ADDRESS: _____

SCHOOL OR CLUB (for team points): _____ PHONE: _____

SEEDING INFORMATION (2008 - 2009) RECORD: _____ EXP LEVEL: 1 2 3 4 5 yrs wrestled

 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 Village of Johnson City, the Johnson City Recreational Wrestling Club, it's agents, representatives, successors, the Johnson City Central School District and assigns for any and all injuries suffered by my child at said tournament. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury insurance policy.

PARENT'S SIGNATURE: _____ DATE: _____