

**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:** 1<sup>st</sup> and 2<sup>nd</sup> Place Trophies; 3<sup>rd</sup> and 4<sup>th</sup> Place Medals

**TEAM AWARDS:** Trophy for 1<sup>st</sup> Place team. (1<sup>st</sup> = 10 points, 2<sup>nd</sup> = 7 points, 3<sup>rd</sup> = 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](mailto:johnsoncitywrestling@hotmail.com).

E-MAIL ENTRIES CANNOT BE ACCEPTED

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**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

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**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, its 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: \_\_\_\_\_