



**Pioneer Youth Wrestling**  
**4<sup>th</sup> Annual Round Robin Tournament**

**Date:** Sunday February 19, 2017

**Format:** 5 man round robin when possible

**Location:** Pioneer High School Countyline Rd Yorkshire, NY

**Entry Fee:** \$20.00 Registration Fee (Make checks payable to: Pioneer Youth Wrestling)

**Registration: Pre-Register ONLY No Walk-ins.**

Send Registration and checks to: Pioneer Youth Wrestling PO Box 62 Yorkshire, NY 14174

Must be received no later than Friday February 17<sup>th</sup>. Money is due at Pre-Registration. No Walk-ins.

**Questions:** Contact: Yvonne Russell (716) 353-5503 or [pioneeryouthwrestling@gmail.com](mailto:pioneeryouthwrestling@gmail.com)

All questions answered within 24 hours.

**Time:** Weigh ins and Skin Checks 7:00- 8:00 AM. Coaches meeting 8:45 Wrestling Starts at 9 AM

**Rules:** NYS High School Rules Modified, Madison Weight Class (less than 15% weight variance within the same weight class)

**Divisions:** All ages as of day of the tournament. Periods: Divisions I, II, III (1-1-1) Division IV, V (1:30-1:30-1:30)

**I. 6&Under      II. 7 & 8      III. 9 & 10      IV. 11 & 12      V. 13& 14**

**Awards:** Awards for 1st, 2<sup>nd</sup> and 3rd) Champion Hooded Sweatshirt, runner-up t-shirt)

Team Trophies for 1st, 2nd, and 3rd (Ten wrestlers per team)

**Food:** Kitchen will be open throughout the day.

**Admission:** \$2/person, 4 years and under Free

*50 dollar return check fee*

**\*NO SMOKING ALLOWED ON SCHOOL GROUNDS\* NO FOOD OR DRINK WILL BE ALLOWED IN THE GYM\***

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**This is a pre-registration ONLY tournament- No Walk-ins.**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

School / Club: \_\_\_\_\_ Phone: \_\_\_\_\_ Division: \_\_\_\_\_

Years Wrestled: \_\_\_\_\_ Exact Weight: \_\_\_\_\_

Experience: (not years wrestled). Circle which applies:  
(1=Beginner and 5=Very experienced/wins most matches)    1    2    3    4    5

In consideration of your acceptance of my entry, I hereby release the Pioneer Youth Wrestling, Yorkshire Pioneer School District and its employees, interim administrators, authorized volunteer and committee members, student teachers, auxiliary instructors and members of the Board of Education, and officials of this tournament from any claims, liabilities of right for damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from and/or participating in the Pioneer Youth Wrestling Tournament. I have my own insurance.

\_\_\_\_\_  
Signature of Wrestler

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date