



Lew-Port Wrestling Club

Lew-Port Wrestling Club

Youth Tournament

Sunday, January 31, 2010

This is an AAU tournament. Wrestlers must have a current AAU card. NO cards can be purchased at time of tournament. Register at aausports.org

Location:	Lewiston-Porter High School, 4061 Creek Rd., Youngstown, NY 14174 Dominic Cianchetti; domchetti@roadrunner.com ; 716-807-9689
Ages:	Featherweight(6&Under), Bantam(7-8), Midget(9-10), Junior(11-12), Schoolboy(13-14)
Entry Fee:	\$18
Registration & Weigh-ins:	7:00AM – 8:00AM Sunday 1/31/10 (No Honor Weigh-ins) Wrestling Starts at 10:00AM
Awards:	TROPHIES FOR 1ST, 2ND, & 3RD PLACES Medal for 4 th place Team Trophies for 1 st , 2 nd & 3 rd Places
Rules:	AAU Registration Required – Not available at tournament; go to aausports.org Collegiate Rules (Folkstyle) Featherweight, Bantam & Midgets – 2 periods (1 1/2, 1 1/2) Junior & Schoolboy – 2 periods (2, 2) Overtime – 1 Minute Sudden Victory, 30 Second Criteria (if needed)
Pairings:	Tournament Brackets Grouped By 8, Consolation Brackets for 3 rd & 4 th Place Max 10% Variance in Weight Class -There is no advantage to losing weight for this event! Novice Weight Classes for 1st Year Wrestlers! (No Points for Team Awards)
Refreshments:	Hot Food, Snacks & Drinks Available (Breakfast & Lunch) No Food or Drink Allowed in Gym

- This event is sanctioned by the Amateur Athletic Union of the U. S., Inc.
- All participants must have a current AAU membership.
- AAU membership is not included as part of the entry fee to the event.
- AAU membership must be obtained before the competition begins. Visit the AAU web site www.aausports.org to obtain membership.

Name: _____

Phone: _____

Address: _____

DOB: _____ **Age:** _____

City: _____

Club: _____

State: _____ **Zip:** _____

AAU#: _____

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Town of Porter, Lewiston-Porter Center School District, Lew-Port Wrestling Club, coaches, officials, its agent representative, successors, or anyone affiliated with this tournament for any accidents, injuries, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

Parent's Signature: _____

Date: _____

Completed by Registration Officials Only

Weight _____

ID# _____

Division: _____