



Mailing Address:

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

Presents:

FINGER LAKES REGIONALS 2010

Date: Sunday, February 21, 2010

Location: Geneva High School, 101 Carter Rd, Geneva, NY 14456

Weigh-Ins & Registration: ALL WRESTLERS MUST WEIGH IN

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

(250 LIMIT THIS SESSION)

7:30 to 8:30 a.m.

Wrestling Begins at 9:30 a.m.

THIS IS A SPLIT SESSION TOURNAMENT

11/12, 13/14 age groups

7:30 to 11:00 a.m.

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: \$20.00 Registration (one entry per wrestler) Admissions: \$3.00 Adult \$1.00 Children

Eligibility: Age determined as of 1-1-10 (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, Section V High Schools Rules!!

Awards: Trophies for 1st, 2nd, and 3rd. Medals for the rest.

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

Information: Dave Smith 585-733-2074

Mail Entries to: Finger Lakes Youth Wrestling League

John Fiorino 585-943-7890

P.O. Box 167

Clifton Springs, NY 14432

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 Geneva Central School District, 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_____ Phone #_____

Team/School_____ Years Exp._____ 2009 Record_____

Please make checks payable to: Finger Lakes Youth Wrestling League, Inc

Ohio T of C Qualifier

Gene Mills Eastern Nationals Qualifier