



# Lew-Port Wrestling Club

## Youth Tournament

### Sunday, December 19<sup>th</sup> 2010

- Location:** Lewiston–Porter High School, 4061 Creek Rd., Youngstown, NY 14174  
Jonathan Hoover Hooverj@lew-port.com; 716 754-8422 ex. 5402
- Ages:** Featherweight(6&Under), Bantam(7-8), Midget(9-10), Junior(11-12), Schoolboy(13-14)
- Entry Fee:** \$17
- Registration & Weigh-ins:** 7:00AM – 8:00AM Sunday 12/19/10 (No Honor Weigh-ins)  
Wrestling Starts at 10:00AM Promptly
- Awards:** **TROPHIES FOR 1<sup>ST</sup>, 2<sup>ND</sup>, & 3<sup>RD</sup> PLACES**  
Medal for 4<sup>th</sup> place  
Team Trophies for 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> Places
- Rules:** **AAU Registration Required – NOT AVAILABLE AT TOURNAMENT**  
Collegiate Rules (Folkstyle)  
Featherweight, Bantam & Midgets – 2 periods (1 ½, 1 ½)  
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<sup>rd</sup> & 4<sup>th</sup> Place  
Max 10% Weight Variance -There is no advantage to losing weight for this event!  
**Novice Weight Classes for 1<sup>st</sup> 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. Participants must visit the AAU web site [www.aausports.org](http://www.aausports.org) to obtain their membership.

<b>Name:</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____	<b>DOB:</b> _____ <b>Age:</b> _____
<b>City:</b> _____	<b>Club:</b> _____
<b>State:</b> _____ <b>Zip:</b> _____	<b>AAU#:</b> _____

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:** \_\_\_\_\_