



Lew-Port Wrestling Club

Youth Tournament

Sunday, December 19th 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 1ST, 2ND, & 3RD PLACES**

Medal for 4th place
Team Trophies for 1st, 2nd & 3rd 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 3rd & 4th Place
Max 10% Weight Variance -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. Participants must visit the AAU web site www.aausports.org to obtain their 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: _____