

TEAM INFLICT @ Desales

Youth Wrestling Tournament

Sunday, January 8, 2012

Pre - Registration ONLY / Honor weigh-ins / Split Session

(1 Morning entry & 1 Afternoon entry allowed per wrestler)(Must fill out separate registration form for each session)

Registration Deadline: January 4, 2011

AM Registration: 7am – 8am • **PM Registration:** 10am – 11am

Location: Desales High School • 90 Pultney Street • Geneva, NY 14456

Bracket Meeting: 8am • **Coaches Meeting:** 830am • **Wrestling:** 9am

Registration Fee: \$20

Admission: \$2 Adults • \$1 Children

Make Checks Payable to InFLICT Youth Wrestling

4 Man Round Robin Format (When Possible)

Eligibility: Up to age 14 with **NO JV OR VARSITY** Experience

Proof of age / weight required if challenged. **ALL** challenges **MUST** be submitted prior to start of 1st match of respective session
BOTH WRESTLERS (challenger & wrestler being challenged) **MUST** present proof of age / weight when challenged or be disqualified.

Age as of day of tournament: January 8, 2012

Rules: NYS High School Rules • Certified NYS Refs

Three, 1 minute periods ages 12 & under • Three, 1 ½ minute periods ages 13 – 14

1 minute Sudden Death Overtime **ALL** age groups

Divisions: AM Session: 6 & under • 7/8 • 9/10 PM Session: 11/12 • 13/14

Approximate start @ 9am

Approximate start @ 1pm or sooner

Awards: 1st thru 4th • Team Trophy for 1st Place Team

Team of 10 wrestlers must be submitted prior to start of 1st match (NO EXCEPTIONS) for Team Competition

Top 2 wrestlers qualify for Gene Mills Eastern Nationals

****Tournament Director reserves the right to combine weight classes for better wrestling****

****Concession Stands Available ALL Day****

Mail entries to: **Geno Phillips**, 222 Church Street, Newark, NY 14513 (315) 879 – 7539

Contacts: Geno Phillips – GAPMAN71@gmail.com

(315) 879 – 7539

Lance Goebert – RIFFMON@yahoo.com

(315) 879 - 7522

Age as of 1/8/12 _____ Experience _____ Weight _____

Wrestlers Name _____

Address _____ Town _____ State _____

Phone # _____ Email Address _____

School / Team _____ Division: 6 & Under • 7/8 • 9/10 • 11/12 • 13/14

(Circle One)

Authorization / Disclaimer

I am fully aware that wrestling is a contact sport and that there is risk of injury to participate. Therefore, I accept full responsibility for any medical costs incurred if my child needs medical attention due to any and all injuries sustained while attending and/or participating in this event. I hereby accept any and all obligations to be responsible for my child and myself and to release Desales Team INFLICT Youth Wrestling, Desales High School and their agents or representatives from any liability to my child or myself.

Parent / Guardian Signature _____ Date _____

Wrestlers Signature _____ Date _____