



Lew-Port Wrestling Club

Wrestling Tournament

Sunday January 29th, 2012

This is a NYWAY tournament. Wrestlers must have a current NYWAY card.
NO cards can be purchased at time of tournament. Register at www.nyway.org

- Location:** Lew-Port High School,
4061 Creek Rd, Youngstown, NY, 14174
- Contact:** Tournament Director; Jonathan Hoover; email HooverJ@lew-Port.com; phone (716) 754-8281
- Entry Fee:** \$20
- Registration & Weigh-ins:** 7:00AM – 8:00AM Sunday 1/8/11 (No Honor Weigh-ins)
Wrestling Starts at 10:00AM
- Awards:** TROPHIES FOR 1ST, 2ND, 3RD and MEDALS for 4TH place Team Trophies for 1ST, 2ND & 3RD Places
- Divisions:** **BASED OF YEAR OF BIRTH**
Division I: Born 2005 & After,
Division II: Born 2003 – 2004,
Division III: Born 2001 – 2002
Division IV: Born 1999 – 2000,
Division V: Born 1997 - 1998
- Rules:** **NYWAY Registration Required**
Collegiate Rules (Folkstyle)
Bout Length: Division I - III: Three 1 minute periods, Divisions IV - V: Three 1.5 minute periods
- Pairings:** Tournament Round Robin Brackets Grouped By 5 (when possible).
Max 12% 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 New York Wrestling Association for Youth
 - All participants must have a current NYWAY membership.
 - NYWAY membership is not included as part of the entry fee to the event.
 - NYWAY membership must be obtained before the competition begins. Visit the NYWAY web site www.nyway.org to obtain membership.

Name: _____

Phone: _____

Address: _____

DOB: _____ **Age:** _____

City: _____

Club: _____

State: _____ **Zip:** _____

NYWAY #: _____

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 Lewiston Porter 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: _____