

N.W.A.A. YOUTH WRESTLING TOURNAMENT

Sunday, February 19th

****OHIO TOURNAMENT OF CHAMPIONS and GENE MILLS QUALIFIER****

- This event is sanctioned by 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 www.nyway.org to obtain membership.

PLACE: NIAGARA WHEATFIELD HIGH SCHOOL
2292 SAUNDERS SETTLEMENT, SANBORN, NY 14132

CONTACT: Bill Ploetz wploetz@roadrunner.com (716) 523-9059

WEIGH-INS: **SUNDAY, February 19th, 2012 7:00-8:30 (No PreReg or Honor Weigh-ins)**
WRESTLING BEGINS about 10:00 AM

ENTRY FEE: \$20 (*No Personal Checks Accepted*)

ADMISSION: We are asking each spectator to bring one canned good or non-perishable food item. All donations will be given to the food bank of Niagara County.

DIVISIONS: BY BIRTH YEAR

FEATHER	2006 OR AFTER	JUNIOR	2000 – 2001
BANTAM	2004 – 2005	SCHOOLBOY	1998 – 1999
MIDGET	2002 – 2003	CADET	1995 – 1997

RULES: N.Y.S. (MODIFIED HIGH SCHOOL)
DOUBLE ELIMINATION - 8 wrestlers per bracket when possible. (Some round robin if needed.)
BOUT LENGTH 3- 1 min periods for F, B, M, J
 3- 1 ½ min periods SB and C

WEIGHT CLASS MAX 12% Variance – (No advantage for losing weight for this event.)

AWARDS: **Trophies for 1st, 2nd and 3rd places! Medals for 4th place.**
Team Trophies for 1st, 2nd and 3rd place

FOOD: BREAKFAST, LUNCH, SNACKS AND DRINKS WILL BE AVAILABLE

NAME: _____

CLUB: _____

ADDRESS: _____

NYWAY#: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DOB: _____ **AGE:** _____

PHONE: _____

DIVISION: _____

IN CONSIDERATION OF YOUR ACCEPTANCE OF MY ENTRY, I HEARBY RELEASE THE NIAGARA WHEATFIELD AMATEUR ATHLETIC ORGANIZATION, BOOSTER CLUB, NIAGARA WHEATFIELD SCHOOL DISTRICT, AND THE TOURNAMENT OFFICIALS FROM ANY AND ALL CLAIMS, LIABILITIES, AND/OR LOSSES BY ME DIRECTLY OR INDIRECTLY IN TRAINING FOR, TRAVELING FOR, TRAVELING TO OR FROM, AND/OR PARTICIPATING IN THE NIAGARA WHEATFIELD AMATEUR ATHLETIC ORGANIZATION WRESTLING TOURNAMENT. I HAVE INSURANCE COVER FOR THE WRESTLER.

WRESTLER SIGNATURE: _____

PARENT / LEGAL GUARDIAN: _____ **DATE:** _____

DIVISION: F B M J SB C **DRAW#** _____ **WEIGHT** _____