

2nd ANNUAL SIDNEY YOUTH WRESTLING TOURNAMENT

4 Man Round Robin

Saturday, March 8, 2008

Sidney High School Gymnasium
95 West Main Street Sidney, NY 13838

Maximum 250 Wrestlers

Place: Sidney High School Gymnasium
Time: Wrestling starts at 9:00 a.m. (Check-In 7:00-8:30 a.m.)
Weigh In: Honor Weigh-Ins (Random checks may be done by tournament director)
CHALLENGE OF WEIGHT BEFORE WRESTLING STARTS
\$25.00 TO CHALLENGE IF THEY MAKE WEIGHT (3LB CHECK)

Registration: **Pre-registration Only (Limited to the 1st 250 Paid Entries)**
No Entries Accepted After Wednesday, March 5, 2008

Make checks payable to: Sidney Youth Wrestling Club

Attn: Donna Dean
5454 State Hwy 206
Sidney Center, NY 13839

Entry Fee: \$15.00
Admission: Adults-\$2.00 • Students-\$1.00 • Under 5-Free
Concessions: Food available all day. Breakfast starts at 7:30am.

Rules:

1. NYS High School Modified-Bout length: Three 1 minute periods.
2. Singlet preferred, no loose clothing
3. Sudden Death Overtime: 1 minute then 30 seconds.
4. **NO JV OR VARSITY EXPERIENCE**
5. Criteria for 1st, 2nd, 3rd, and 4th places:
• 1st criteria: won/loss record • 2nd criteria: head-to-head winner • 3rd criteria: # of pins
• 4th criteria: total points • 5th criteria: total takedowns

Awards: Team-Trophies for 1st through 3rd place (1st-10 pts, 2nd-7pts, 3rd-4pts)
Individual Trophies: 1st, 2nd, 3rd and 4th

Note: Each team must designate a maximum of 15 wrestlers for team points. One team per club.

DIVISIONS: 6 & under • 7 & 8 • 9 & 10 • 11 & 12 • 13 & 14

Age as of March 8, 2008: Proof of age required if contested and agreed upon by the tournament director.

Note: Tournament director reserves the right to combine or eliminate weight classes.

Madison Style weight groupings in a four-man bracket.

For Further Information contact:

Tim Doyle: 607-563-1665

Donna Dean: 607-265-3303 or email: donna.dean@frontiernet.net

In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages or lost items I may have against Sidney Youth Wrestling, the tournament officials, coaches, agents or successors, the Sidney Central School District and assigns for any and all injuries suffered by my child at said tournament. I also take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament.

Name: _____ Birth Date: _____

Division: _____ Age: _____ Actual Weight: _____

Address: _____ State: _____ Zip: _____

Phone: _____ Club Name: _____

Last Years Record: Wins: _____ Losses: _____ Past Honors: _____

Years Exp: _____

Parents

Signature: _____ Date: _____