

DOLGEVILLE YOUTH WRESTLING TOURNAMENT 2017

IN CONJUNCTION WITH EXTREME WRESTLING

6 Man Round Robin Tournament (Pre-Registration Required)

DATE: Sunday, March 26, 2017

WRESTLING BEGINS: 9:15 am

LOCATION: Dolgeville Central School, 38 Slawson St., Dolgeville, NY 13329

WEIGH-INS/CHECK-INS: All wrestlers must check-in between 7:00-8:30am:

- There will be random weight checks at check in. Minimum of one wrestler from each bracket.
- All wrestlers within each bracket will be paired within 10%. We are using the honor system. Put the actual weight on registration. Wrestler's weight may be challenged during the first round of tournament for a fee of \$20. If you win the challenge you will get your money back & the wrestler will be disqualified without refund of registration, if they are over. Wrestler must be within 2 lbs. of registered weight. No refunds if challenge is failed.

DIVISIONS: YOUTH: (6 and under)
BANTAM: (7-8 yrs)
MIDGET: (9-10 yrs.)
JUNIOR: (11-12 yrs.)
INTERMEDIATE: (13-14 yrs.)

REGISTRATION: Pre-Registration & Payment required by March 24, 2017- No Walk Ins- No refunds
You must pre-register for tournament. If you do not pre-register, you do NOT wrestle.
LIMITED TO FIRST 200 WRESTLERS

ENTRY FEE: \$25.00 *Checks Payable to: **Dolgeville Youth Wrestling**
Send to: Kathryn Bilinski 44 Stewart St. Dolgeville, NY 13329

WRESTLING RULES:

- 6 man Round Robin where possible.
- Bout length 1, 1, 1 (1st point scored in overtime wins. Double overtime- winner of coin toss chooses ride-out)
- **TIE BREAKER:** Wins/losses, Head to head, Total pins, Total takedowns, Total points scored.
- Everyone must have proof of age if challenged, including person challenging.
- Wrestlers can pay to wrestle in 2 divisions but not in 2 weight classes in the same division. Wrestlers competing in more than 1 division will forfeit their minimum rest period.
- NO VARSITY OR JV EXPERIENCE ALLOWED.

ADMISSION FEE: Adults: \$2.00 Students/Children: Free All coaches must pay.

REFRESHMENTS: Breakfast, lunch, snacks and drinks will be available.

INFORMATION: Any questions, please contact: Craig Eggleston (315) 868-0045 or cegglest@frontiernet.net
Kat Bilinski (315) 868-9235 or kbilinski@dolgeville.org

NAME: _____ PHONE: _____

ADDRESS: _____

AGE(as of 3/20/16) _____ DATE OF BIRTH: _____

DIVISION: _____ ACTUAL WEIGHT: _____ Years of Experience: _____

SCHOOL OR CLUB: _____

E-MAIL: _____

In consideration of this entry being accepted, I hereby release the Dolgeville Youth Wrestling Club, Dolgeville Central School District, coaches and tournament officials from any and all claims, liabilities, and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Dolgeville Youth Wrestling Tournament. I have insurance coverage for the wrestler.

Signature of Wrestler: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____