



**17th Annual
Cobleskill/ Richmondville
Robert Ihrig
Youth Wrestling Tournament**

Cobleskill-Richmondville HS
1353 St Rt 7
Richmondville, NY 12149

6 MAN ROUND ROBIN TOURNAMENT
(Pre-Registration Required - First 300 Wrestlers)

Date: **Sunday, February 5th, 2017**

Location: Cobleskill-Richmondville High School, 1353 State Rt.7, Richmondville, NY 12149
Weigh-Ins: Sunday February 5th 7:00 - 8:30 AM Div I, II, III and 10:30 -11:30 AM Div IV & V
Any wrestler exceeding his/her pre-registered weight by more than 2lbs. will be disqualified from the tournament and no refunds will be issued. NO EXCEPTIONS!!
Weight adjustments allowed until 2/3/17 (call Ed Pietrowski 518-234-4838)

Divisions & Schedule:	Division I (ages 6 & under)	Division IV (ages 11-12)
	Division II (ages 7-8)	Division V (ages 13-14)
	Division III (ages 9-10)	<u>WRESTLING BEGINS at 12:30 or upon</u>
	<u>WRESTLING BEGINS at 9:00am</u>	<u>completion of Div I, II &III</u>

Entry Fee: \$25.00 (\$30.00 for returned checks)

Registration: Pre-Registration required by Thursday, Feb 2nd 2017 - NO WALK-INS - NO REFUNDS

Payment: Make checks payable to CRY Sports
Send to: CRY SPORTS 660 Hubb Shutts Rd. Cobleskill, NY 12043
(with Registration Form)

Referees: Certified referees for Divisions II thru V

Awards: Champion T-shirt and Chart. Trophies for 1st-3rd place in
Div. I, II & III Medals for 1st-3rd Div. IV & V. Participation ribbons

Rules: NYS Modified/High School - wrestlers may pay to wrestle in two divisions (not responsible for missed matches or rest time between division matches). Periods are 1 min each.
 * 6 Man round robin where possible (weights may be combined up to 12%)
 * Skin Check at Weigh-Ins (Doctor note required if visible rash exists)
 * NO JV or VARSITY EXPERIENCE

Admission: Adults \$2 - Students \$1 - Children 10 and under free (No unattended children please!)

Refreshments: Breakfast, lunch, snacks and beverages will be available in the cafeteria all day.

Information: Ed Pietrowski - 518-234-4838 or e-mail pietrowskie@hotmail.com. Day of tournament - 518-657-9670

Registration Form on back

Registration Form

Name: _____

Age on 2/5/17: _____ DOB: _____

Division _____ Actual Weight _____

Experience _____

Record _____ Tournaments Placed _____

Address/Town: _____

State: _____ Zip Code: _____ Phone: _____

School/Club: _____

In consideration of this entry being accepted, I hereby for my child and myself, waive and release any and all rights and claims for damages or injuries against the CRY Sports Organization, Cobleskill-Richmondville School District, its agents, representatives and assignees for any and all injuries suffered by my child or myself at said tournament at CR High School on February 5th, 2017. I also understand that wrestling is a contact sport and injuries may result from participation in wrestling.

Parent/Guardian Signature: _____

Date: _____