

# "The Meltdown"

## Youth Team Tournament

**SUNDAY – April 2, 2017**

Hosted by  
Hoosick Falls Wrestling Club  
**Only 8 team spots available**

**Location:** Hoosick Falls Central School, 21200 Route 22, Hoosick Falls, NY

**Pre-registration is required** - Entry Fee: \$300  
Non-refundable deposit of \$150 due by March 12, 2017

Weight Classes: 53, 56, 59, 63, 67, 71, 75, 79, 84, 89, 94, 100, 106, 113, 120, 127

Grades K-8 (7<sup>th</sup> and 8<sup>th</sup> graders limited to 100+ weight classes ONLY)

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<i>Weigh-Ins</i>	<i>Wrestling begins</i>
7:30 a.m. – 8:30 a.m.	@ 9:00 a.m.

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No JV or Varsity Experience Allowed

No honor weigh-ins allowed

.9 weight allowance

Format: 4 Man Round Robin w/crossover  
Paid/certified officials on site

*Awards: Top Five Teams*

**1<sup>st</sup> Place – Team Trophy and Individual Medals**

**2<sup>nd</sup> Place – 5<sup>th</sup> Place – Team Trophy**

**MOW Awards for Pools A and B**

**Concession on premises and open all day**

**Follow us on Facebook @Hoosick Falls Youth Wrestling for Tournament Updates**

## Registration

### \$300 Entry Fee

**Make checks payable to:**

Hoosick Falls Youth Wrestling Club  
6 Mahar Road  
Hoosick Falls, NY 12090

Team Name: \_\_\_\_\_

Coach(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School District: \_\_\_\_\_

Any wrestler with a questionable skin condition may be removed from the tournament at any time. Misconduct, child abuse or misconduct toward tournament participants, officials and/or tournament staff by parents or athletes will result in automatic expulsion from the tournament and school property. Tournament directors/officials have the right to remove anyone not complying with tournament or school district rules.

In consideration of this entry being accepted, I hereby release the Hoosick Falls Central School District, its Board of Education, Coaches, and Tournament Officials from any and all claims, liabilities and/or damages incurred by my team directly or indirectly, traveling to or from, and/or participating in the "The Meltdown" Youth Wrestling Team Tournament. I take responsibility for any and all damages done by my team at said tournament. I also understand that my team must be covered by a medical health insurance policy as a requirement for participation in this tournament and my team is covered by a medical health insurance policy.

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

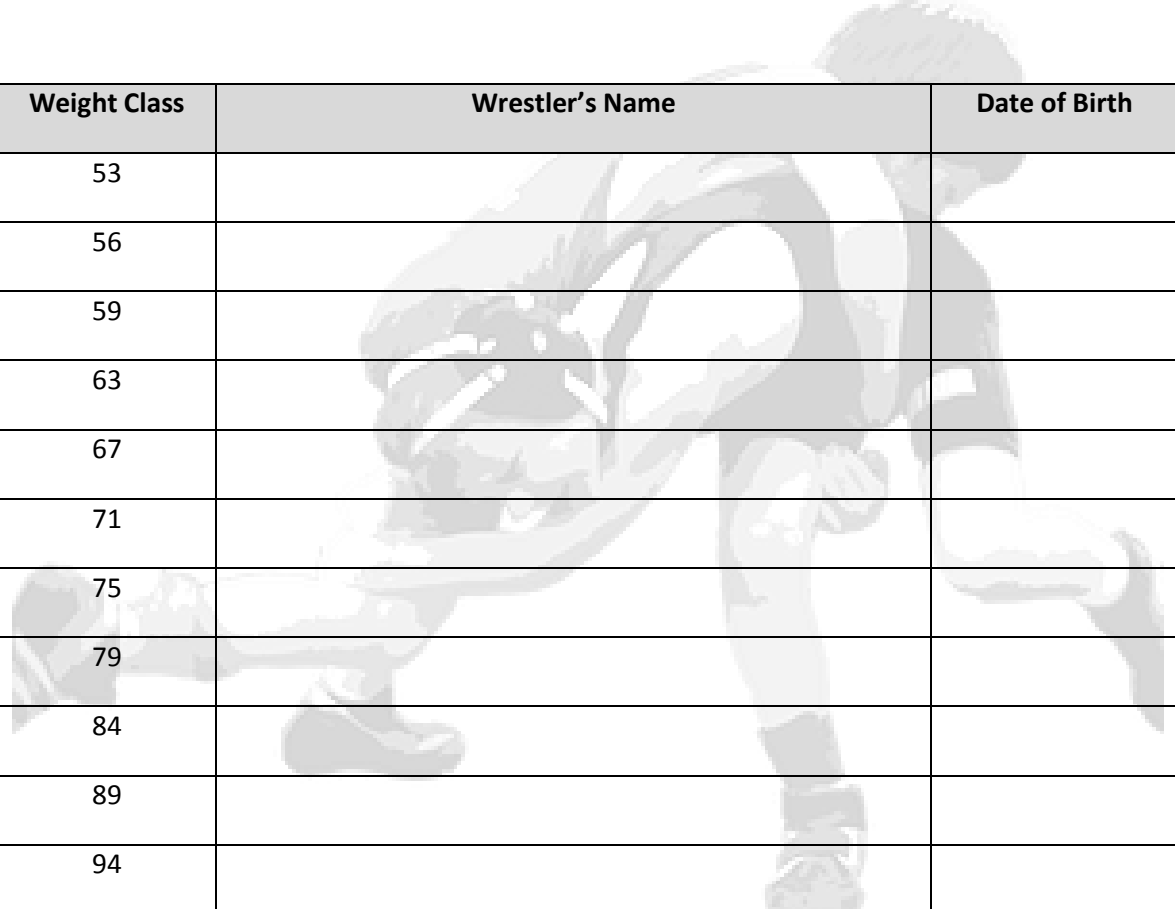
*Questions can be addressed to:  
Zach Taber, Tournament Director  
Phone: (518) 729-6552  
Email: taberzach@ymail.com*

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## Youth Team Tournament

Team Name: \_\_\_\_\_

Coach(s): \_\_\_\_\_



Weight Class	Wrestler's Name	Date of Birth
53		
56		
59		
63		
67		
71		
75		
79		
84		
89		
94		
100		
106		
113		
120		
127		