

OTSELIC VALLEY VIKINGS

NOVICE WRESTLING TOURNAMENT

ROUND ROBIN

DATE: SATURDAY, FEBRUARY 18, 2017

PLACE: OTSELIC VALLEY CENTRAL SCHOOL, 125 CTY RTE 13A, SOUTH OTSELIC, NY 13155

TIME: WRESTLING STARTS AT 9:00 AM, CHECK IN FROM 7 AM-8 AM

PRE-REGISTRATION REQUIRED: NO ENTRIES ACCEPTED AFTER THURSDAY, FEBRUARY 15, 2017

REGISTRATION & ENTRY FEE: \$20.00, BY MAIL LIMITED TO FIRST 150 PAID ENTRIES. ENTRIES FEE MUST BE INCLUDED, NO EXCEPTIONS!!!!

MAKE CHECKS PAYABLE TO: OTSELIC VALLEY WRESTLING CLUB
C/O Greg Winn
125 CTY RTE 13A
PO BOX 161
SOUTH OTSELIC, NY 13155

FOR FURTHER INFORMATION CONTACT:

GREGORY WINN (607) 316-3386 GWINN@OVCS.ORG

RULES:

1. NY HIGH SCHOOL MODIFIED BOUTS LENGTHS-1 MINUTE, 1 MINUTE, 1 MINUTE
2. SINGLET AND HEADGEAR PREFERRED (NO LOOSE CLOTHING)
3. SUDDEN DEATH OVERTIME ALL AGE GROUPS (1 MINUTE, THEN 30 SECOND RIDEOUT)
4. NO JV OR VARSITY EXPERIENCE
5. WRESTLERS MAY COMPETE IN ONLY ONE DIVISION AND WEIGHT CLASS
6. CRITERIA FOR 1ST, 2ND, 3RD, 4TH PLACES: 1) WIN/LOSS RECORD, 2) HEAD-TO-HEAD WINNER 3) # OF PINS 4) TOTAL POINTS 5) TOTAL TAKEDOWNS

DIVISIONS: 6 & UNDER, 7 & 8, 9 & 10, 11 & 12, 13 & 14

AGES AS OF FEBRUARY 18, 2017: PROOF OF AGE REQUIRED IF CONTESTED AND AGREED UPON BY THE TOURNAMENT DIRECTOR. EACH WEIGHT CLASS IS MADE UP OF 4 TO 6 WRESTLERS WHOSE **ACTUAL** WEIGHTS ARE CLOSEST TO EACH OTHER, TAKING INTO ACCOUNT LAST YEAR'S RECORD/PAST HONORS. COACHES MUST DO THEIR OWN WEIGH-INS AND **ACTUAL** WEIGHT MUST BE PUT ON REGISTRATION FORM. WRESTLERS WEIGHT MAY BE CHALLENGED PRIOR TO THE END OF THE FIRST ROUND OF WRESTLING FOR \$25.00; REFUNDABLE ONLY IF WRESTLER FAILS WEIGHT CHALLENGE.

WRESTLER MUST BE 3 LBS. OF HIS/HER REGISTERED WEIGHT. **RANDOM WIEGHT CHECKS WILL OCCUR AT REGISTRATION.** NOTE: **TOURNAMENT DIRECTOR RESERVES THE RIGHT TO COMBINE OR ELIMINATE WEIGHT CLASSES.**

AWARDS: INDIVIDUAL MEDALS FOR 1ST, 2ND, AND 3RD PLACE. PARTICIPANT MEDALS FOR 4TH – 6TH

ADMISSION: \$3.00 FOR ADULTS, \$2.00 FOR STUDENTS, FREE UNDER 5 YEARS OLD, COACHES ARE ALSO REQUIRED TO PAY

REFRESHMENTS: FOOD WILL BE AVAILABLE UNTIL 4:00PM

NAME: _____ **DIVISION** _____ **ACTUAL WT.** _____

SCHOOL/CLUB _____

ADDRESS _____

STATE _____ **ZIP CODE** _____ **PHONE NUMBER** _____

AGE _____ **BIRTH DATE** _____ **RECORD** _____ **YRS. EXP.** _____

PAST HONORS: _____

IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I HEREBY, FOR MY CHILD, WAIVE AND RELEASE ANY AND ALL RIGHTS CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE VILLIAGE OF SOUTH OSTELIC, THE OV YOUTH WRESTLING PROGRAM, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE OTSELIC VALLEY CSD, AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL 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 AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

PARENT'S SIGNATURE _____

DATE: _____