

# Walton Booster Club Youth Wrestling Tournament

Saturday, January 28<sup>th</sup>, 2017

Walton High School

Five Man Round Robin

Check in from 7am – 8am, with wrestling to begin at 9am

Fee is \$25 payable to: WBC Wrestling

Mail fee to: Dan Sovocool  
135 Bullock Hill Road  
Sidney Center, NY 13839

**PRE-REGISTRATION REQUIRED:** No entries accepted after Thursday, January 26, 2015.

- Rules:**
1. NYS Modified High School - bout length 1 minute; 1 minute; 1 minute; OT is 30 sec
  2. Sudden Death Overtime 1 minute, then 30 sec. ride out
  3. No JV or Varsity experience.
  4. Wrestlers may compete in only one division and weight class.
  5. Criteria for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> places dependent upon:
    - Won/loss record
    - Head-to-head winner
    - Number of pins
    - Total points
    - Total takedowns

**Divisions:** 6 & Under, 7 & 8, 9 & 10, 11 & 12, 13 & 14

**Age as of January 28<sup>TH</sup>, 2014**

**Honor Weigh ins.** Wrestler must be within 3 lbs. of registered weight. Wrestlers weight may be challenged for a \$20 fee at end of first round. Refunded only if wrestler fails weight challenge. Wrestler will be disqualified with no refund.

**Awards:** 1<sup>st</sup> long sleeve dry-fit t-shirt, 2<sup>nd</sup> short sleeve dry-fit shirt, 3<sup>rd</sup> t-shirt and medals for 4<sup>th</sup> & 5th

**Admission:** Adults- \$3.00 and Students - \$1.00

*Concessions available all day.*

For further information contact: Dan Sovocool - (607)865-2281 or email [wbcwrestling@yahoo.com](mailto:wbcwrestling@yahoo.com)

Name \_\_\_\_\_ Division \_\_\_\_\_ Actual weight \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Years of Experience \_\_\_\_\_

School or Club \_\_\_\_\_

Record \_\_\_\_\_

Past Honors \_\_\_\_\_

In consideration of this entry being accepted, I hereby, for my child, waive and release any and all right and claims for damages I may have against the Walton Booster Club Wrestling program, it's agent, representatives, successors, the Walton Central School District and assigns for any and all injuries suffered by my child at said tournament. I will 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 and my child is covered by a health/injury insurance policy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_