

**GREENE'S BOB CARLIN ANNUAL  
YOUTH & HIGH SCHOOL WRESTLING TOURNAMENT**

**Saturday, February 10, 2018**

Greene High School Gymnasium, 40 South Canal Street, Greene, NY

Check-in 7:00-8:00 a.m. Wrestling to begin at 9:00 a.m.

\*\*\*\*\* PRE-REGISTRATION ONLY \*\*\*\*\*

**Limit first 350 paid wrestlers**

**All Registrations Must Be Received No Later than Thursday, February 8<sup>th</sup> at 8:00 p.m.**

**4-6 Man Round Robin Format**

**RULES:**

1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlet and headgear preferred (no loose clothing).
4. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> places:

- 1<sup>st</sup> criteria: win/loss record
- 2<sup>nd</sup> criteria: headtohead winner
- 3<sup>rd</sup> criteria: # of pins
- 4<sup>th</sup> criteria: total points
- 5<sup>th</sup> criteria: total takedowns

**Age Divisions: 6&U, 7&8, 9&10, 11&12, 13&14 (no JV/Varsity exp.), JV/Varsity**

**Admission:** \$3 for adults; \$2 for students; free for children under 5  
Concessions will be available all day.

Each weight class is made up of 4-6 wrestlers, whose ACTUAL weights are closest to each other (10% maximum difference), taking experience and record into account. Tournament director reserves the right to combine or eliminate weight classes. Random weight checks may be conducted. Must be within 2 lbs. of registered weight. Proof of age, as of February 10, 2018, required if contested. \$25 challenge fee. All challenges must be submitted before the end of the first round. If you win the challenge, you will get your money back and the wrestler will be disqualified without refund. Wrestlers may enter more than one age division (\$25 per entry), but only one weight class per division - minimum rest periods between matches waived.

**Individual Awards:** Trophies for 1<sup>st</sup>-4<sup>th</sup> place finishers; medals for 5<sup>th</sup> & 6<sup>th</sup> place.

**Team Awards:** Trophies for top 3 teams (One roster of up to 10 unique wrestlers age 12 & under; filled out at start of tournament)

**COST \$25.00 PER WRESTLER**

**Make Checks Payable To: GREENE WRESTLING CLUB**

Mail To: Stan Fendryk, 471 County Road 9, Chenango Forks, NY 13746

Email: [stanfendryk@gmail.com](mailto:stanfendryk@gmail.com) [Please include all information requested on entry form if registering via email]

**No Walk-Ins and No Refunds.**

----- ENTRY FORM -----

Please complete all fields legibly. If experience/record information is left blank, wrestler will be grouped with most experienced/successful wrestlers.

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ DIV \_\_\_\_\_ WEIGHT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL/CLUB \_\_\_\_\_ YEARS of EXPERIENCE \_\_\_\_\_ 2016-2017 RECORD \_\_\_\_\_

HONORS/RELEVANT SEEDING INFO \_\_\_\_\_

Use back if necessary

IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I HEREBY, FOR MY CHILD, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE VILLAGE OF GREENE, THE GREENE WRESTLING BOOSTER CLUB, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GREENE SCHOOL DISTRICT AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL TAKE ALL 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 POLICY AS REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ALL REGISTRATIONS MUST BE RECEIVED BY Thursday, February 8<sup>th</sup> at 8:00 p.m.**