

**SECTION FOUR  
WRESTLING OFFICIALS  
ASSOCIATION**



**AMUSEMENT RIDES  
GAMES  
FREE FIREWORKS**

**CLINTON CLASH WRESTLING TOURNAMENT IN MEMORY OF GARY SEYMOUR  
Youth, High School and Open Divisions, Saturday May 26 2018**

**Paid Pre- REGISTRATIONS MUST BE POSTMARKED NO LATER THAN Sat. May 19**

**Pre-Registration fee = \$15.00.** Must fill out registration form completely

**REGISTRATIONS Day of tournament \$20 PER WRESTLER**

**Wrestling to be held Gen. Clinton Park, under the big tent, Rt. 7 East, Bainbridge, NY 13733**

**YOUTH 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 neutral, then 30 seconds ride out).
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1st, 2nd, 3rd and 4th places:
  - 1st criteria: won/loss record
  - 2nd criteria: head-to-head winner
  - 3rd criteria: # of pins
  - 4th criteria: total points
  - 5th criteria: total takedowns

**Registrations 7:30-8:30 A.M. at registration desk  
Wrestling starts 10:00 A.M.**

Age Groups: 6 & under, 7&8, 9&10, 11&12 13&14 7th, 8th or 9th graders that have competed on the Varsity or JV level **must** compete in the High School Division

**HIGH SCHOOL DIVISION Takedown Tournament**

**OPEN DIVISION Takedown Tournament Takedown Tournament with round robin format. Total cumulative takedowns against all opponents determine placing**

AGE AS of May 26, 2018 Proof of age required if contested and agreed upon by the tournament director. Each weight class is made up of 3 to 5 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.

NOTE: Tournament director reserves the right to combine or eliminate weight classes.

- Awards 1<sup>ST</sup>, 2<sup>ND</sup> 3<sup>rd</sup>, 4<sup>th</sup>

Day of tournament \$20 PER WRESTLER

**CASH OR MONEY ORDERS MADE PAYABLE TO: SFWOA (Section Four Wrestling Officials Assoc.)**

**Paid Pre-Registrations can be mailed to Karl Krause 478 Mountain Road Windsor NY 13865**

**FURTHER INFORMATION CONTACT:** Mike Wilcox 607-656-7241, [wilcoxwrestling@Yahoo.com](mailto:wilcoxwrestling@Yahoo.com),  
Karl Krause 607-237 8042 [rose99@echoes.net](mailto:rose99@echoes.net),

-----WRESTLER ENTRY FORM-----

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

Actual weight WGT \_\_\_\_\_ ADDRESS \_\_\_\_\_ SCHOOL OR CLUB \_\_\_\_\_

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/TOWN OF BAINBRIDGE, THE SECTION FOUR WRESTLING OFFICIALS ASSOCIATION, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GENRAL CLINTON CANOE REGATTA, BAINBRIDGE CHAMBER OF COMMERCE 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 \_\_\_\_\_