



Barry DePersis Memorial Youth Wrestling Tournament



**4 – 6 MAN ROUND ROBIN
FULL MAT WRESTLING FOR 13-14 YEAR OLD DIVISION
NOVICE DIVISIONS***

DATE: Saturday, December 15th, 2018

PLACE: Union-Endicott High School; 1200 E. Main Street, Endicott, NY

TIME: Check-in from 7:00 AM to 8:00 AM. Wrestling begins at 9:00 AM

FEE: \$25 Fee. Checks Payable to Union-Endicott Wrestling Club
Mail to: Greg Kleinsmith, 46 Bartell Road, Binghamton, NY 13905 OR
Pay at Door. Admission is \$3 for Adults; \$2 for Students; Free for 5 & under.

REGISTRATION: E-Mail to uetigerswrestle@gmail.com by Thursday 12/13/2018

RULES:

- Bout Length – three one minute rounds
- Singlet & headgear preferred (no loose clothing)
- Sudden death overtime (one minute, then 30 seconds)
- No JV or Varsity experience

DIVISIONS (AGE*):

- 6 years old & under
- 7-8 years old
- 9-10 years old
- 11-12 years old
- 13-14 years old

**Age as of Dec. 15th, 2018; proof of age will be required if contested. Each group will include 4-6 wrestlers whose ACTUAL weights are closest to each other. Coaches are required to do their own weigh-ins, and ACTUAL weights must be on registration form. Weights may be contested for a \$25 fee, which is returned if challenge is successful. Contested weight must be within two pounds of reported weight, or challenge is successful. Novice wrestlers (2 years exp. or less) will be grouped together, as registrations allow.*

AWARDS: Medals for 1st, 2nd, & 3rd

TOURNAMENT DIRECTOR:

**Greg Kleinsmith
(607) 765-2723**

uetigerswrestle@gmail.com

Wrestler's Name:	Division (Age):	Birthdate:
School/Club	Actual Weight:	
Address:		
Past Honors:	Years Experience:	
<p>In consideration of this entry being accepted, I hereby, for my child (or child under my care), waive and release any and all rights and claims for damages I may have against the Village of Endicott, the Union-Endicott Wrestling Program, it's agents, representatives, successors, the Union-Endicott Central School District and assigns for any and all injuries suffered by my child at said tournament. I also shall take responsibility for any and all damages done by my child at said tournament. I also understand my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament, and my child is actually covered by a health/injury insurance policy.</p>		
Parent/Guardian Name:	Relationship:	
Parent/Guardian Signature:	Date:	