

Greene Wrestling Presents

Grapple on the Gridiron



Takedown Tournament

Friday Night Under the Lights*

July 20th 2018

*Weather permitting, wrestling will take place outside on the turf, under the lights, at Greene Central High School. In the event of inclement weather, the tournament will take place in the High School Gym.

Modified high school rules. TAKEDOWN ONLY tournament. No points for escapes, back points, or reversals. Matches will consist of a single 1-minute period for Legends and 2-minute period for all other divisions. All matches and restarts following takedowns, out of bounds, lack of activity, etc. will begin in the neutral position. Stalling will be called (warning, 1pt, 1 pt, 2 pts, DQ). 12 point tech fall. First takedown in OT wins.

Trophies for 1st place finishers, medals for 2nd, 3rd, & 4th

Wrestling shoes required. Singlet recommended. Only coaches and wrestlers will be permitted on the field.

REGISTRATION FEE - \$25

Divisions: 6&U, 7-8, 9-10, 11-12, 13-14, Varsity, Open (ages 18-29), Legends (age 30+)

Weight classes determined the day of tournament. Tournament director reserves the right to combine weight classes/divisions.

STAGGERED CHECK IN BEGINNING 4:30 PM * TOURNAMENT BEGINS 5:30 * WEIGHTS WILL BE CHECKED * NO WALK INS

Ages 10 & under check in 4:30, start 5:30 / Ages 11-14 check in 5:30, start 6:30 / Ages 15 & up check in 6:00, start 7:30

Name _____ DOB _____ Division _____ Weight _____

In consideration of this entry being accepted, I hereby waive and release any and all rights and claims for damages I may have against the Greene Wrestling Booster Club, its agents, representatives, successors, Greene School District, Village of Greene and assigns for any and all injuries suffered by me/my child at said tournament. I take full responsibility for any and all damages done by me/my child. I also understand that I/my child must be covered by a health/injury policy as requirement for participating in this tournament and certify that I am/my child is covered by a health/injury insurance policy.

SIGNATURE _____ DATE _____