

# **3rd Annual Chad Sindoni Wrestling Tournament - 6 MAN ROUND ROBIN**

## **NOVICE TOURNAMENT**

**0 to 1 full year of experience ONLY --- must be in 1<sup>st</sup> or 2<sup>nd</sup> year of wrestling**

**DATE:** Sunday, February 17, 2019

**PLACE:** Athens High School --- new gymnasium

**TIME:** Wrestling Starts At 9:30 AM Must check in by 8:30 or you will be scratched. NO WALK-INS

**REGISTRATION DEADLINE:** Thursday, February 14, 2019, 8:00PM. (LIMITED to 400 ENTRIES)

**REGISTRATION & ENTRY FEE:** \$25.00 - Online

### **Tournament questions:**

Kevin Rude

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### **RULES:**

1. PIAA modified, Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlets and head gear optional (no loose clothing).
4. Overtime (1 minute sudden victory, 30 second ride out)
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> places:
  - 1st criteria: won/loss record
  - 2<sup>nd</sup> criteria: head-to-head winner
  - 3<sup>rd</sup> criteria : # of pins
  - 4<sup>th</sup> criteria: total points
  - 5<sup>th</sup> criteria: total takedowns

**DIVISIONS :** **6 & Under**    **7 & 8**    **9 & 10**    **11 & 12**

**AGE AS OF FEBRUARY 17, 2019:**

Proof of age required if contested and agreed upon by the tournament director.

Each weight class is made up of 4 to 6 wrestlers whose **ACTUAL** weights are closest to each other, considering years' experience and last year's record. **Coaches** must do their own weigh-ins and **ACTUAL** weight must be put on registration form. Weight brackets will vary no more than 10 pounds, unless heavyweight class in each age group.

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

**AWARDS :** Individual - Awards for 1<sup>st</sup> through 6th place.

**ADMISSION:** \$5 - Adults

Free – Students and Senior Citizens

**REFRESHMENTS :** Concession stand will be available all day.

**NAME** \_\_\_\_\_ **DIVISION** \_\_\_\_\_ **ACTUAL WEIGHT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**AGE :** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_ **SCHOOL / CLUB** \_\_\_\_\_

**LAST YEAR'S RECORD** \_\_\_\_\_ **YEARS EXPERIENCE** **0 or 1**

I hereby give permission for my child to participate in this wrestling tournament and accept responsibility for the conduct of the above named child while on Athens High School premises. I hereby release the Athens Wrestling Club, the Athens School District, any sponsoring bodies, their officers, tournament officials, and referees from any or all liabilities due to participating in the Athens Chad Sindoni Wrestling Tournament.

**SIGNATURE OF WRESTLER :** \_\_\_\_\_ **DATE :** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN :** \_\_\_\_\_