Watertown Winter War Games

Hosted by:
Watertown Cyclone Wrestling Club

Ohio Tournament of Champions Qualifier
TOP 100 Tournament

DATE: Sunday, February 10, 2018

LOCATION: Case Middle School Gymnasium, 1237 Washington Street, Watertown, NY 13601

WEIGH INS: All Divisions Saturday, February 9th – 6:00 – 8:00 pm, Sunday, February 10th - 7:00 – 8:00 am for Divisions 1, 2 & 5 and 10:30 – 11:30 a.m. for Divisions 3 & 4 . *Any wrestler exceeding pre-registered weight by more than 1 lb will be disqualified from the tournament and no refunds.*

DIVISIONS & SCHEDULE

Division 1 (ages 6 and under)
Division 2 (ages 7-8)
Division 3 (ages 9-10)
Division 4 (ages 11-12)
Division 5 (ages 13 – 15)

Criteria to Determine Place Finish:
* Win/Loss Record
* Number of Pins
* Coin Toss
* Head to Head Winner
* Total Takedowns

Div. 1, 2 & 5 - Wrestling Begins: 9:00 am & Div. 3 & 4 – Wrestling Begins: Approx. 12:30 pm

ENTRY FEE: $30.00 for all wrestlers. ($30.00 fee for returned checks)

REGISTRATION: **Pre-Registration & Payment Required by Wednesday, February 7th**
No Walk Ins – No Refunds

PAYMENT TO: Make Checks Payable to: Cyclone Wrestling Club

SEND TO: Peter Clough, 26773 Lafave Road, Watertown, NY 13601

AWARDS: 1st Place Champion T-shirt. Large 5" Gold, Silver & Bronze Medals for 1st-3rd. Participation Medals for 4th-6th. **MOW Awards for each division.** Photos will be taken on a Championship Podium. Team trophies for 1st, 2nd & 3rd

RULES: N.Y.S Modified, High School – Wrestlers are limited to one Division.
* 5 or 6 man Round Robin where possible (Weights can be combined up to 12%)
* Bout Length 1, 1, 1. **No Varsity or JV Experience Allowed.**
* All participants must have a current NYWAY membership. Participants are encouraged to visit the NYWAY website www.nyway.org to obtain their membership.

ADMISSION FEE: Adults-$3.00, Students-$1.00, 5 and under-Free, All Coaches Must Pay

REFRESHMENTS: Breakfast, lunch, snacks, and drinks will be available in the cafeteria.

INFORMATION: For more information, please contact: Peter Clough – (315) 771-0143 or email: peter_clough_13601@yahoo.com,

----------PLEASE MAIL CHECK AND FORM BELOW ONLY----------

Name:_____Division:_____Actual Weight:_____School/Club:_____

Address:_____State:_____Phone:_____DOB:_____

Age on 2/10/2019:_____Yrs Wrestled and 2018 Record_____ Top 100:_____

I hereby release Watertown City School District and Cyclone Wrestling Club and the tournament officials from any and all claims, liabilities, and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Watertwon Winter War Games. I have insurance coverage for this wrestler. I will pay for any property damage which I or my wrestlers have willfully caused.

Parent/Guardian Signature:_____Date:_____