



Adirondack Youth Wrestling Tournament

****WE WILL HAVE BOTH ADVANCED AND NOVICE DIVISIONS****

WRESTLERS LISTED AS NOVICE WILL BE BRACKETED IN NOVICE DIVISIONS

THERE WILL BE NO NOVICE DIVISION FOR 12U (11/12) AND NO DOUBLE BRACKETING

Date : Sunday Jan 26th , 2025

Registration: Due no later than Thursday January 23rd, must pre-register, NO WALK INs accepted.

Divisions: 6 & under (Novice only), 7/8 (Advanced/Novice), 9/10 (Advanced/Novice), 11/12. Age as of Jan 23rd, 2025

Location: Adirondack High School 8081 State Rte 294 Boonville, NY 13309

Time: Sign-in 7:00 to 8:00 am. Wrestling to begin by 9:00 am

Weights: Madison Weights (10% allowance) must be within 2lbs of listed weight. ****RANDOM WEIGHT CHECKS****

Rules: NYS modified rules. Periods 1-1-1 min, Sudden Victory OT. All Referee calls are final

Format: 4-to-6-man round robin.

LIMITED TO THE FIRST 250 ENTRIES

. Wrestlers from the same school or club will try to be separated. Tournament officials have the right to bracket classes as needed. Intermediate wrestlers will be bracketed with other intermediate wrestlers if possible.

Entry Fees: \$30.00 Make checks payable to: Adirondack Wrestling Club (no refunds except for cancellation)

Admission: All Adults (coaches too) \$3.00, \$1 for kids not wrestling

Concession: Food and drink will be available all day

Awards: **T-Shirt and Trophy for 1st place Medals for 2nd - 6th**

If part of email team roster, Entry form must be presented at check-in or with team check-in. Coaches: ONLY register those that WILL wrestle in tournament!

Entries: Email preferred thesarge79@gmail.com (please send team entries together).

Mail entries to **Morgan Cady, 2120 Cady Rd. Boonville, NY 13309**

Contact: Morgan Cady 315-281-3880 or TJ Lisowski 315-240-6901

Wrestler's name: _____ Age: _____ D.O.B.: _____

Address: _____

Division: _____ *Honest weight*: _____ Team/School/Club: _____

Experience / Ability (circle): Novice (<5 tournament or no top 5 finishes)
 Intermediate (5-10 tournaments or no top 3 finishes)
 Advanced (>10 tournaments or have places top 3 in a tournament)

I hereby declare that if my child is accepted to participate in the Adirondack Youth Wrestling Tournament, they will do so at their own risk and own free will. I will not, in any way, hold liable the sponsors, tournament officials, the Adirondack district or employees, referees, or any associate of Adirondack Youth Wrestling, for any injuries or losses that they might receive, directly or indirectly, while traveling to or from, or competing therein. I also state for the record that they are covered by all appropriate insurances needed to compete in contact sports. I understand that if my child has any suspicious skin markings, my child might not be allowed to enter the tournament without a doctor's note stating that they are free of any contagious condition.

Parent Name: _____ Phone #: _____

Parents Signature _____