



William Farley SV Youth Wrestling Novice Tournament

****FIRST OR SECOND YEAR WRESTLERS ONLY****

Date: Saturday January 18, 2025

Registration: Due no later than Thursday January 16, must pre-register, NO WALK INs accepted.

Divisions: 6 & under, 7/8, 9/10, 11/12. Age as of Jan 18, 2025

Location: Susquehanna Valley High School, 1040 Conklin Rd. Conklin, New York 13748

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

Weights: Madison Weights must be within 2lbs of listed weight. ****RANDOM WEIGHT CHECKS****

Rules: NYS modified rules. Periods 1-1-1 min, Sudden death 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.

Entry Fees: \$25.00 Make checks payable to: The Saber Den Sports Club (no refunds except for cancellation)

Admission: All Adults (coaches too) \$5.00, children free

Concession: Food and drink will be available all day

Awards: Trophy for 1st place Medals for 2nd - 6th

Entries: Email preferred - **SVyouthwrestling@gmail.com** (please send team entries together).

Mail entries to Jeremy Polhamus 283 Ahern Rd Binghamton, NY 13903

Contact: Jeremy Polhamus 760-496-8040

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!

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

Address: _____

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

Experience / Ability (**circle**): Very New Average Beginner Above Average

I hereby declare that if my child is accepted to participate in the SV 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, Susq. Valley HS district or employees, referees, or any associate of SV 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 _____