

# GUILDERLAND YOUTH WRESTLING TOURNAMENT

Sponsored by the Guilderland Wrestling Booster Club

**Date:** Sunday January 26th, 2025

**Place:** The Big Guilderland High School Gymnasium

**Cost:** \$25 per wrestler at the door **\$20** if you pre-register

(Check to: Guilderland Wrestling Booster Club) (Cash is also accepted)

**PRE-REGISTRATION Available**

**Track Wrestling Link:**

[https://www.trackwrestling.com/tw/opentournaments/VerifyPassword.jsp?tournamen  
tId=878476132](https://www.trackwrestling.com/tw/opentournaments/VerifyPassword.jsp?tournamen<br/>tId=878476132)

**Time Schedule:** Registration and Weigh-in 7:30 - 8:30 am for Divisions 1-2-3

Wrestling starts approx. at 10:00 am for Divisions 1-2-3

Registration and Weigh-ins 11:00 am-12 pm for Divisions 4-5

Wrestling starts approx. 1:30 pm for Divisions 4-5

**Age Divisions:**

Div 1 – 5 to 6 years old

Div 2 – 7 to 8 years old      Div 4 – 11 to 12 years old

Div 3 – 9 to 10 years old      Div 5 – 13 to 14 years old

**Pre-registrations choose “ALL” for weight class**

**Wrestler Eligibility:** Any wrestler who has NOT competed at the Junior Varsity or Varsity Level

**Match Time:** 1-1-1 with a 30 sec sudden death overtime and 30sec ultimate ride out.

**Seeding:** Based on years experience and past tournament places.

**Awards:** For the top four finishers in each weight class. Round Robin format.

**Directions:** 8 School Rd, Guilderland Center NY 12085

When facing the school use the road that takes you around the right side of the school. Drive to the back of the building. You will see a large parking lot and the entrance. \*\*\*Overflow parking will be in front of the building. Enter through the main entrance and follow the signs.

**Facility/Toun Questions:** Don Favro (518) 892-1906 [favrod@guilderlandschools.net](mailto:favrod@guilderlandschools.net)

**Track Wrestling Questions:** Justin Schipano (518) 221-1493

**LEAVE THIS BOX BLANK**

Division \_\_\_\_\_ Weight \_\_\_\_\_ Pool \_\_\_\_\_

**PLEASE FILL OUT LEGIBLY**

Name \_\_\_\_\_ Division \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

School/ClubAffiliation \_\_\_\_\_ Coach \_\_\_\_\_

I hereby release the Guilderland School District, the Guilderland Wrestling Booster Club Members, Coaches, Directors, Officials, Scorekeepers, and Referees from any and all claims regarding any injury or illness that may be caused in conjunction with this tournament, including any dental work. I am aware that this is a physical contact activity in which my child has a possible risk of injury. I will be responsible in full for the welfare of my child.

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Parent or Guardian (Required) Date

**Seeding Info (Required)**

Years of Experience: \_\_\_\_\_ Past Tournament Honors: \_\_\_\_\_

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