



# Cobleskill-Richmondville

## 25th Annual Robert Ihrig Youth Wrestling Tournament



**6 MAN ROUND ROBIN Tournament**



**PRE REGISTRATION by Thursday Dec.19th 6pm**

**\*\*\*To Register\*\*\* → <https://forms.gle/xSuBZWBs13Jctx4bA>**

**Date** **Sunday, December 22nd, 2024**

**Location:** Cobleskill-Richmondville High School,  
1353 State Rt.7, Richmondville, NY 12149

**Weigh-Ins:** Div I, II & III 7:00 - 8:00 AM  
Div IV & V 11:30 - 12:30

**Divisions & Schedule:** Division I (ages 6 & under)  
Division II (ages 7-8)  
Division III (ages 9-10)  
Division IV (ages 11-12)  
Division V (ages 13-14)

ALL WRESTLING BEGINS weigh-ins or upon completion of prior division

**Entry Fee:** \$30.00 (\$35.00 for returned checks)

**Registration Payment:** Cash, Check (Make checks payable to CRY Sports)  
Venmo to: [scolaro13@yahoo.com](mailto:scolaro13@yahoo.com)

**Referees:** Certified referees for Divisions II thru V

**Awards:** CHAMPIONSHIP RING and T-shirt for all Divisions  
Trophies for 2nd & 3rd place in Div I, II & III  
Medals for 2nd & 3rd in Div IV & V  
Medals for all 4th place finishers

**Rules:** NYS Modified / HighSchool - wrestlers may pay to wrestle in two divisions (not responsible for missed matches or rest time between division matches). Periods are 1 min each.  
\*6 Man round robin where possible (weights may be combined up to 12%)  
\*Skin Check at Weigh-Ins (Doctor note required if visible rash exists)  
\*NO JV or VARSITY EXPERIENCE

**Admission:** Adults \$3 - Students \$1 - Children 10 and under free  
(No unattended children please)

**Refreshments:** Breakfast, lunch, snacks and beverages will be available all day in the cafeteria. **Please support our program.**

**ANY QUESTIONS** Contact Tony Scolaro (518) 231-9737 or email : [scolaro13@yahoo.com](mailto:scolaro13@yahoo.com)

# Registration Form RI Tournament 2024

Name: \_\_\_\_\_

Age on 12/22/2024: \_\_\_\_\_ DOB: \_\_\_\_\_

Division \_\_\_\_\_ Actual Weight \_\_\_\_\_

Experience \_\_\_\_\_

Record \_\_\_\_\_ Tournaments Placed \_\_\_\_\_

Address & Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

School/Club: \_\_\_\_\_

In consideration of this entry being accepted, I hereby for my child and myself, waive and release any and all rights and claims for damages or injuries against the CRY Sports Organization, Cobleskill-Richmondville School District, its agents, representatives and assignees for any and all injuries suffered by my child or myself at said tournament at CR High School on December 22nd, 2024. I also understand that wrestling is a contact sport and injuries may result from participation in wrestling.

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_