



**43rd ANNUAL NORWICH JUNIOR
WRESTLING TOURNAMENT
KING OR QUEEN OF THE MAT!**



Sunday, January 29, 2023

Norwich High School - 89 Midland Drive, Norwich NY 13815

Registration: Forms due Friday, January 27th, 2023 by Midnight – Email (preferred) or Text.
Email: norwichpeewewrestling@gmail.com Questions Contact Matt Telesky – (607) 226-4407
PRE-REGISTRATION REQUIRED - NO WALK-INS - LIMITED TO FIRST 300 WRESTLERS

Entry Fee: Participants - \$35.00 (Cash or Check – Pay at Door)
Make Checks payable to: Norwich NY Wrestling Booster Club

Spectators – \$3.00; 5 & Under - Free

Time: Check in 7:00-8:00AM. Wrestling will begin at approximately 9:00AM

Format: We will try to make sure all wrestlers have 5 matches. (Round Robin style)
Random Weight Checks will be conducted
*Must be within 2 pounds of weight on registration or will result in disqualification without refund.

Divisions: (6 & under), (7&8), (9&10), (11&12). No JV or Varsity Experience.

Rules: NYS Modified High School Rules – All Referee calls are final. No video replays.
Bout Length: 3 one-minute periods. Sudden death overtime: 1 minute period; 1st take down wins. If no take down occurs, then 30 second ride out. Whoever scored the first match point gets choice of referee position.

Criteria: 1st – Win/Loss Record. 2nd – Head-to-Head Winner. 3rd – # of Pins. 4th – Total Points. 5th – Quickest Pin

In consideration of the entry being accepted, I hereby waive, release, and remise the Norwich City School, the City of Norwich, the Junior Wrestling Club, the tournament officials, coaches or any personnel associated directly or indirectly from training for, traveling to and from, or attending or competing in the aforementioned tournament. Bad sportsmanship or bad conduct from a wrestler, parent, coach or spectator may result in being asked to leave the tournament facilities. I also will take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury policy.

PARENT/GUARDIAN SIGNATURE: _____ **Date** _____

Name _____ **Division** _____ **Weight** _____ **Age** _____

Ability Level: 1 (Novice 1-2 years) _____ 2 (Average .500 record) _____ 3 (Stud/Wins most matches) _____

Grade _____ **Address** _____ **Phone** _____

School/Club Affiliation _____ **Years of Experience** _____

Championship GOLD Metal Crown for 1st Place
Medals for all others.