

Shaker Youth Wrestling Tournament



Date: Sunday January 22th 2023

Where: Shaker HS H Gym

Cost: 20\$ per wrestler. Checks made out to **Shaker All Sports Booster Club-Wrestling**

*****MODIFIED TEAM DISCOUNTS FOR DIVISION 4 AND 5 ONLY*****

0-7 Wrestlers Regular Price (\$20 per wrestler)

8-10- \$150 per team

11-14 Wrestlers \$175 per team

15-20 Wrestlers \$200 per team

20+ Wrestlers \$250

(Email me brandon.guthrie@nccsk12.org to set up the team rates)

Time Schedule: **Weigh-ins 7:30 - 8:30 am for Divisions 1-2-3**
 Seeding for Divisions 1-2-3 8:30 - 9:30 am
 Wrestling starts approx. at 10:00 am for Divisions 1-2-3
 Weigh-ins 11:00 am-12 pm for Divisions 4-5
 Seeding for Divisions 4-5 12:00 - 1:00 pm
 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 3 – 9 to 10 years old
 Div 4 – 11 to 12 years old
 Div 5 – 13, 14 & 15 years old

Wrestlers Eligibility: Any wrestler who **HAS** competed in Junior Varsity or Varsity wrestling is not eligible for this tournament.

Match Rules: NYS High School Rules will be used including all Sportsmanship policies. Three one minute periods with a one minute sudden death overtime period, 30 sec. Tiebreakers.

Awards: For the top four finishers in each weight class. Maximum of six wrestlers per weight. Round Robin format. *****Div 4 and 5 Potentially bracketed with an open mat for exhibitions*****

Concession: Shaker Wrestling Booster club will provide food and beverages!!!

Tournament Director: Brandon Guthrie, brandon.guthrie@nccsk12.org, (518)491-1129.

FOR TOURNAMENT OFFICIAL ONLY

Division: _____ Weight: _____ Pool: _____

PLEASE FILL OUT LEGIBLY

Name: _____ Division: _____ Age: _____ Grade: _____

Address: _____

Phone#: _____ Cell#: _____

School or Club: _____ Coach: _____

I hereby release the North Colonie Central School District, the Shaker Wrestling Booster Club Members, Coaches, Directors, Officials, Score Keepers, 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.

Parent or Guardian (Required)

Date

Seeding Info

Years of Experience: _____ Past Tournament Honors: _____

