



Union Endicott Youth Wrestling Club

2022 Tournament

**Limited to First 250 Wrestlers**

Date: Sunday December 18<sup>th</sup>, 2022

Registration Due: No later than December 15<sup>th</sup> **\*\*Teamed entries send all together\*\***

Location: Union Endicott High School, 1200 E. Main St., Endicott, NY 13760

Weights: Madison Weights, please be honest with wrestler's weights. We will be doing random weight checks.

Check-In: 7:00am to 8:00am **NO WALK INS** will be accepted

Rules: NYS modified rules, period 1-1-1 min, Sudden death OT, all Referee calls are final

Wrestling will begin by 9:00am, Folkstyle

Divisions: 6 & under, 7&8, 9&10, 11&12

Format: 4-6-man round robin open. \*wrestlers from the same school or club will try to be separated, tournament officials will have the right to bracket as needed for all classes/weights.

Entry Fees: \$30 per wrestler. Checks made payable to UE Wrestling Club

Awards: 1<sup>st</sup>-3<sup>rd</sup> Medal, 4<sup>th</sup>-6<sup>th</sup> Ribbons

Mail Entries: UE Wrestling Club C/O Mandy Esposito, 741 Dickson St., Endicott NY 13760

Contact: Mandy Esposito 607-239-0340, Kelly Merrill 607-6241224, uepeewewrestling@gmail.com

Admission: \$5 Adults, \$3 students not wrestling 5 and under free

Wrestlers Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Experience: None 1-2years 3+years STUD Division: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Honest Weight: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Team/Club \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Waiver: I, the undersigned, hereby declare that I am accepted in the NV youth Wrestling tournament. I will do so at my own risk and of my own free will, I will not in any way hold liable the sponsors, tournament officials, Newark Valley HS district/employees, referees, or any associate of the NV wrestling, for any injuries or losses that I might receive, directly or indirectly, while traveling to or from and competing therein. I also state for the record I am covered by all appropriate insurances needed for me/wrestler to compete in contact sports. I understand that if I (my child) has any suspicious skin markings, I (my child) might not be allowed to enter the tournament without a doctor note stating that he/she is free of any contagious condition.

Wrestlers Signature: \_\_\_\_\_

Parents Signature: \_\_\_\_\_