6th ANNUAL HILTON YOUTH WRESTLING TOURNAMENT

DATE:	Saturday, April 1, 2006.	Qualifier for Gene Mi	lls Eastern National Tourn	nament.	
PLACE: Hilton C	Central High School, 400 Ea	st Avenue, Hilton, NY	14468		
ENTRY FEE:	\$15.00 per wrestler. Make checks payable to "HILTON YOUTH WRESTLING, INC."				
PRE-REGISTRATION:	wrestler must submit his/h to tournament officials as York, 14468); or (2) by fa	gister before 8 p.m. on Thursday, March 30, 2006. To pre-register, a /her name, weight (in wrestling gear and shoes) and age (as of 04/01/06) is follows: (1) by mail (Hilton Youth Wrestling, Inc.; PO Box 84, Hilton, New fax (585-392-2246); or (3) by telephone message (Dawn Brock 585-392-ust have an A.A.U. card and must submit an entry form signed by a n.			
WEIGH-INS:	prepared using the weight than two pounds over the	30 - 9:00 a.m. All wrestlers will be weighed in wrestling gear and shoes. Brackets will be epared using the weight submitted during the pre-registration process. If a wrestler weighs more an two pounds over the pre-registration weight, the wrestler may be disqualified from the urnament. Absolutely no walk-ins.			
WGT. DIVISIONS: 5 lbs. or 10% of body w weight classes to maximi		reight , whichever is greater. Tournament officials may combine or change ze wrestling.			
AGE DIVISIONS:	(5 - 6) (7 - 8) (9 - 10) (11 - 12) (13 - 14) No varsity experience. Proof of age may be required if challenged.				
FORMAT: 8 man brackets, double elimination, NYS high school rules, 3 one-minute periods for ages 5-1 one-and-one-half-minute periods and full mats for ages 13-14, (one minute overtime if needes sudden victory - first point wins). Wrestling will begin at 9:30 a.m. During the tournament, only coaches will be permitted at mat-side.					
AWARDS: Trophies for top four places, medals for all non-placers. T-shirts for all champers and the state of				npions.	
ADMISSION: 4 coaches per team - free. Over age 12 - \$1.00. Families - \$3.00. Age 12 & under - free. FOOD: Available in the cafeteria. No food or drink in the gym. No smoking on school premises!.					
Wrestler's Name: _		(Please TYPE or	PRINT clearly)		
Age on 4/01/2006:	Date of Bi	rth:/	_/ 19 Phone #:		
AAU Number (requ	ired):	Weight (w/ wrestling gear):			
School District:		_ Club (if any): _		_ Grade:	
Street Address:					
City / Town / Village	ə:		State: Zip:		
Tournament to be held of School District and all to damages for any injury the need for my child to	on April 1, 2006, I hereby, for urnament officials, personner or, loss, illness or death that	or my child and myself el, agents and volunted at may be suffered or te in this tournament.	n for the 6th Annual Hilton Yo, release Hilton Youth Wresters from any and all claims caused in conjunction with the I will be responsible in full foolth insurance.	tling, Inc., the Hilton , liabilities , or rights to nis event. I understand	
Print:		Sign:			
(Name of Parent or	Legal Guardian)	(Name of Paren	it or Legal Guardian)	(Date Signed)	