

25th Annual Wayland Wrestling Tournament Jan. 28th, 2006

DATE:

PRE-REGISTRATION BY MAIL IS REQUIRED BY WED. JANUARY 25TH. Registration: PAYMENT IS REQUIRED WITH REGISTRATION FORM. NO WALK-INS Date/Place: Saturday, January 28, 2006 at the Wayland-Cohocton Highschool Fieldhouse Route 63 Wayland, New York (OFF I-390 exit 3 between Cohocton & Dansville) \$15.00 per wrestler must be received by Wed. Jan. 25th (NO REFUNDS) Entry Fee: FIRST 400 paid entries. No entries accepted after Wed. Jan. 25th mail. No Email or Phone entries ONLY ONE ENTRY PER WRESTLER. Mail entry form and fee (make checks out to: Wayland Area Wrestling Club) mail to: Eric Zastawrny Hinkle Hollow Rd. Cohocton, N.Y. 14826 Honor Weigh-Ins. ** Wrestlers weight may be challenged randomly anytime by the Tournament Weigh-ins: Director. If a wrestler exceeds their honor weight by more than 2 pounds, the wrestler will be disqualified from the tournament. No refunds, no awards. Doors open at 7:00 am, wrestlers must arrive, in person by 7:30 am, to check-in & remain on a bracket. Wrestling to begin ASAP!! Eligibility: Ages 4 to 14, Age as of January 28th, 2006. NO JV or Varsity experience. Proof of age may be required. Singlets or gym shorts, no long sweat pants. Age Divisions: Division 1 -ages 6 yrs. & under Division 2 -ages 7-8 yrs. Division 3 -ages 9-10 yrs. Division 4 -ages 11-12 vrs. Division 5 -ages 13-14 vrs. Weight Class Approximately 5 pounds or 10% whichever is greater. Tournament officials reserve the right to combine or change weight classes for better competition. Grouping: Double elimination, 8 wrestler brackets whenever possible, random draw seeding, Format: Three -1 minute periods with 1-minute overtime, N.Y. State Highschool Rules, State Certified Referees. Champions Tee Shirts, trophies for all 8 finishers in each weight class, Awards: Team Sportsmanship award as voted on by the Referees and Team Trophies for average team-points finish for 1st through 4th place teams with 12 or more wrestlers. Two Coaches per team -free, all other adults and parents \$3.00, Students \$2.00, Under 5 yrs.-free Admission: Cafeteria Food and beverages available all day, serving breakfast and lunch. No Coolers, food or Service: beverages will be allowed inside the gymnasium. Questions: Contact: Tournament Director Eric Zastawrny 585-384-9772 Visit our Web Site: www.geocities.com/waylandwrestling -- DO NOT TEAR----DO NOT TEAR--(REGISTRATION INFORMATION PLEASE PRINT CLEARLY) AGE ____YRS. WEIGHT ____LBS. NAME DATE OF BIRTH: _____ PHONE # ____ TEAM NAME _____ (If None Leave Blank) In consideration of your acceptance of this tournament entry, I hereby, for my child and myself, release the Wayland Area Wrestling Club (WAWC), Wayland-Cohocton Central School, the Steuben County school district and all officials of this tournament from any claims, liabilities, or rights to damage for any injuries or losses suffered by my child or myself directly or indirectly in training for, traveling to and from participating in the Wayland Area Wrestling Club Tournament. I HAVE MY OWN INSURANCE.

SIGNATURE OF LEGAL GUARDIAN