

OH-WAY D6 (15-19) HIGH SCHOOL STATE TOURNAMENT

OH-WAY STATE IS THE ONLY WAY TO QUALIFY FOR NUWAY NATIONALS

OH-WAY STATE, March 12-13, 2016 - Veteran's Memorial Coliseum, 220 E Fairground St, Marion, OH 43302 **OH-WAY STATE PLACER ---> NUWAY NATIONALS**

Location: Veteran's Memorial Coliseum, 220 E Fairground St, Marion, OH

Date: Sunday - March 13, 2016

Who: All OH-WAY D6 (15-19) Wrestlers.

Must be an OH-WAY Member

Onsite Weigh-ins/Walk-ups Fri. 3/11/16 from 6-8pm Weigh-ins:

or Sat. 3/12/16 from 6-8pm only!

Copy of Birth Certificate required at weigh-in.

Start Time: Wrestling Begins at 9am

Entry Fee: \$35 - Preregister at Trackwrestling.com by Midnight

> Friday, 3/11/16 for this price (\$50 for walkups at weigh-ins). Payment for preregisters will be accepted at weigh-ins only.

Only preregisters will be considered for seeding.



ALL REGIONS

All Wrestlers must complete and pay for a current membership \$17 online at www.ohiowaywrestling.com or pay an extra \$20/wrestler at weigh-ins.

Make Money Orders (no personal checks) payable to OH-WAY (club/business ck. OK) Separate Club/School & All-Star scoring will be kept at State. Team Scoring:

Questions: See www.ohiowaywrestling.com for more information

Officials: 100% Certified Officials

Dress: T-Shirt and shorts or singlet (no loose clothing)

Concessions: **Great Concessions All Day!** Rules: Modified High School Rules.

> Championship Matches are three (3) 1½ minute periods. Consolation Matches are three (3) 1 minute periods

1st OT - 1:00 Neutral Sudden Death / 2nd OT - 0:30 Ride-Out

AGES OH-WAY & NUWAY WEIGHTS (SCRATCH WEIGHTS) DIV (as of D6 108, 115, 122, 128, 134, 138, 147, 154, 162, 172, 184, 197, 222, 287 15 - 16

Randy Hartman Ph: (937) 869-6969 ohioway.director@gmail.com

Contact:

High School

NOTE: Regional Qualification is NOT required to compete at the OH-WAY State Tournament for both D6 (15-19) wrestlers.

Name:OH-WAY Membership: #	_	Official use only: Actual Weight:
Gender: M or F DOB: Age as of 12/31/	_ '15: Divisior	n: Weight Class:
Address:		County:
Phone: (Resident High Schoo	l District:
Club/School Team Name:	All Star Team Name	:
SEEDING CRITERIA (LAST 2 YRS)		
OHSAA STATE 1 2 3 4 5 6 7 8 OHSAA DISTRICT	12345678	Current
OHSAA STATE 1 2 3 4 5 6 7 8 OHSAA DISTRICT	12345678	Record:
2014-15 SEEDING CRITERIA		
NUWAY Freakshow 1 2 3 4 5 6 7 8		
NUWAY Nationals 1 2 3 4 5 6 7 8		
Other NUWAY National Event	12345678	
	_	_

Other STATE Tournament __ 1 2 3 4 5 6 7 8(OAC JH STATE, etc.) 1 2 3 4 5 6 7 8(OAC JH STATE, etc.) Other STATE Tournament

In consideration of your acceptance of my entry, my legal heirs and I waive and release and forever discharge any and all rights and claims of damages, or injuries, which we may have, or which may occur against the sponsors of this Tournament. Namely OH-WAY Directors, Officials, Representatives, and Staff, Veteran's Memorial Coliseum, and its Representatives, Officials and Staff, NUWAY Directors, Officials, Representatives, and Staff, from any and all damages which may be sustained or suffered by the athletes in connection with, directly or indirectly, training for, traveling to and from, and participating in or attending OH-WAY State, and NUWAY National Wrestling Tournaments.

Parent/Guardian Signature (Required):			Date:	
Official use only: Payment Method: (circle one)	CASH Money Order	Club/Business Check#		
Prereg or Walkup:	BC: Skin:	Entry Pd: Mbr. Pd:	Amt Paid \$	D6