



# Guilderland Youth Wrestling Tournament

Sponsored by the Guilderland Wrestling Booster Club

Date: Sunday January 26<sup>th</sup> , 2020

Place: The Big Guilderland High School Gymnasium

Cost: \$20 per wrestler (Check to: Guilderland Wrestling Booster Club)

## **NO PRE-REGISTRATION**

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 4** – 11 to 12 years old  
**Div 3** – 9 to 10 years old                      **Div 5** – 13, 14 & 15 years old

Wrestler Eligibility: Any wrestler who **HAS** competed at the Junior Varsity or Varsity Level 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.

Seeding: Based on years experience and past tournament places.

Awards: For the top four finishers in each weight class.  
Maximum of six wrestlers per weight –Round Robin format.  
***Our Wrestling Booster Club will be selling food and beverages.***

Directions: **8 School Rd, Guilderland Center NY 12085**  
87 South to 20 West (Western Ave). Take a left on 146W and head towards Altamont. When you come to your first light, take a left. The school is ¼ mile down on the left. Enter the **3<sup>rd</sup>** entrance and drive to the back of the building. The gym is straight ahead

**LEAVE THIS BOX BLANK**

Division \_\_\_\_\_ Weight \_\_\_\_\_ Pool \_\_\_\_\_

Questions: Don Favro (518) 892-1906 or favrod@guilderlandschools.net

**PLEASE FILL OUT LEGIBLY**

Name \_\_\_\_\_ Division \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

School Affiliation \_\_\_\_\_ Coach \_\_\_\_\_

I hereby release the Guilderland School District, the Guilderland 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_