



# **SCHALMONT SABRES 2020** **PEE WEE TOURNAMENT**

- DATE:** Sunday, January 12<sup>th</sup>, 2020
- LOCATION:** 1 Sabre Drive, Schenectady, NY 12306  
Wrestling will be in the back gym located in the High School
- WEIGH-INS:** 7:30AM – 8:30AM for Session 1 – seeding meeting immediately following  
10:30AM – 11:30PM for Session 2 – seeding meeting immediately following
- AWARDS:** 1<sup>st</sup> thru 3<sup>rd</sup> will receive awards.
- RULES:** Modified NYSHS rules (1 Minute Overtime and then Sudden Death Overtime 30 second ride-out)
- BOUT LENGTH:** 1-1-1 (1 minute of overtime followed by 30 second ride out if necessary)
- SESSION 1:** **ROUND ROBIN STYLE** Divisions I, II and III – Wrestling starts immediately following seeding meeting
- SESSION 2:** **ROUND ROBIN STYLE** Divisions IV and V – Wrestling starts immediately following seeding meeting
- COST:** \$25 cash or check made out to the “**SCHALMONT WRESTLING BOOSTER CLUB**”.
- ADMISSION:** Adults: \$2, Kids \$1, Under 5: Free
- FACILITIES:** Our booster club will be selling breakfast, lunch, and dinner throughout the duration of the day. Please encourage your wrestlers to eat here. Please make sure your wrestlers have their bags in a safe location at all times during the tournament. Helping us keep the facilities clean is greatly appreciated.

If you need any further information on this, please feel free to contact me!

Head Coach: Vince Gallo      (518) 881-8139      gallovincent36@gmail.com



## SCHALMONT PEE WEE TOURNAMENT ENTRY FORM

Name: \_\_\_\_\_

Current Age: \_\_\_\_\_ Division: \_\_\_\_\_ Weight Class: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Wrestling Club: \_\_\_\_\_

Actual Weight: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

In consideration of your acceptance of my entry, the undersigned: 1. We agree that prior to participating, each will inspect the facilities and equipment being used, and if they believe anything to be unsafe, they will immediately advise their coach or supervision of such condition(s) and refuse to participate. 2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, death, severe social and economic losses which might result not only from their actions, inaction's or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. 3. Assume all the forgoing risks and accept personal responsibility for damages following such injury, permanent disability or death or financial loss. 4. In full comprehension and complete understanding of the foregoing warning of the risk of injury, death and/or financial loss, I and my legal heirs do hereby discharge, waive and release and covenant not to sue for any and all claims for damages I/We may have against Schalmont Youth Wrestling, and/or all tournament officials, sponsors or administrators for any and all injuries suffered by me in connection with said tournament.

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Parent's signature

Contestant's signature