

# HOLLEY WRESTLING CLUB TOURNAMENT

AAU CARD REQUIRED and may be purchased at the tournament

**DATE:** **Saturday, March 29, 2008**  
**PLACE:** **Holley Elementary School, 3800 North Main Street, Holley, NY 14470.**  
**AGE:** Day of tournament. Proof may be required.  
**RULES:** NYS High School rules. Double elimination Sudden victory overtime.  
**CLINIC:** **There will be a free technique clinic at 8:30am**

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**WEIGH-INS:** Friday, March 28<sup>th</sup>, 6:00 – 6:30pm – Any age division  
Saturday, March 29<sup>th</sup>, 7:30-8:30am – 5 years old - 12 years old age groups  
Saturday, March 29<sup>th</sup>, 11:30-12:00pm – 13 years old – High School age groups  
**No weight Classes-GROUPED WEIGHTS IN EACH AGE DIVISION-8 man brackets if possible**

*5 & 6 years Bouts: 1 1/2 - 1 1/2	*11 & 12 years Bouts: 2 - 2
*7 & 8 years Bouts: 1 1/2 - 1 1/2	*13 & 14 years (& under 9 <sup>th</sup> grade) Bouts: 2 - 2
*9 & 10 years Bouts: 1 1/2 – 1 1/2	*Grades 9 – 12 (Selective Classification) Bout: 2 - 2 may wrestle in H.S. division)

**TOURNAMENT OFFICIALS RESERVE THE RIGHT TO ALTER OR COMBINE WEIGHT CLASSES WHEN BETTER COMPETITION WILL RESULT.**

**WRESTLING BEGINS: As soon as possible after the group completes weigh-ins.  
THERE WILL BE A SKIN CHECK FOR RASHES. IF IN DOUBT, BRING A NOTE FROM YOUR DOCTOR.**

**OFFICIALS:** Certified NYS officials at each mat, if possible.  
**AWARDS:** Trophies 1<sup>st</sup> & 2<sup>nd</sup> Medals 3<sup>rd</sup>  
**FOOD:** Concession stand will be open all day. No food or drink in locker room or gym.  
**ENTRY FEE:** \$15.00 at the door. Register at weigh-ins.  
**SPECTATOR FEE:** \$3.00 Family \$1.00 Adult \$.50 Student

**(Once you pay and enter the tournament, no refunds are given)**

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### WAIVER OF LIABILITY

In consideration of this entry being accepted, I hereby, for my child and myself, waive and release all rights and claims for damages I may have against the Holley Wrestling Club, Holley Central School District, coaches, officials, its agent representative, successors, or anyone affiliated with this tournament for any accidents, injuries, or misfortunes that may occur during the said tournament suffered by my child or myself. I also have my own insurance.

WRESTLER'S NAME \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

WRESTLER'S SIGNATURE \_\_\_\_\_ HONORS/RECORD \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ GRADE \_\_\_\_\_

CLUB OR SCHOOL \_\_\_\_\_ YEARS EXPERIENCE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ DIVISION \_\_\_\_\_ AAU Card # \_\_\_\_\_

(OFFICIAL USE ONLY) \*\*\*\*\*

**SCRATCH WEIGHT AT WEIGH-INS** \_\_\_\_\_

**AGE DIVISION** \_\_\_\_\_

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