

15th Annual Salamanca Novice TOURNAMENT

SUNDAY, January 31st 2010

Limited to the First 300 Entries / **Headgear is Mandatory**

THIS TOURNAMENT FILLS TO THE LIMIT QUICKLY, EARLY PRE-REGISTRATION RECOMMENDED

- DATE:** Sunday, January 31, 2010
SITE: Salamanca Central High School, 50 Iroquois Drive Salamanca, NY 14779
ELIGIBILITY: 1st & 2nd year wrestlers only (12 yrs. Old & under as of January 31st 2010)
ENTRY FEE: \$12.00 per wrestler PRE-REGISTERED (must be **received** by January 27, 2010)
\$15.00 per wrestler at the door
TEAM DISCOUNT: 10 or more wrestlers \$10.00 per wrestler **PRE-REGISTRATION ONLY BY JAN. 27**
Registrations must be sent together for Team Discount / NO PHONE REGISTRATIONS
NO REFUNDS
ONLY 3 COACHES ADMITTED FREE
ADMISSION: \$3.00 Adults – Students Free
WEIGH-INS: 10:30 a.m. 'til **NOON**
AWARDS: Trophies will be awarded to each wrestler.

WRESTLING WILL BEGIN AT 12:30 SHARP & END AT APPROXIMATELY 5:30

Cafeteria will open at 10 a.m. starting with breakfast & remain open until 5:30 p.m.

EXPLANATION OF TOURNAMENT

This is a beginning-wrestling tournament to provide match experience to new wrestlers. Every effort is made to pair the wrestlers to each other's AGE, WEIGHT & EXPERIENCE. Each wrestler will receive a bout sheet that he/she will carry for the day. All wrestlers will wrestle 3 individual matches. If within the first two matches a wrestler gets pinned within 30 seconds, the official will restart the match in the neutral position, (allowing more mat time) and the wrestler who pinned his/her opponent will be awarded the win. When the wrestler has completed his/her 3 matches they will be awarded their trophy. We wish for you a safe trip and a very enjoyable visit with us in Salamanca! **Headgear is mandatory!!!! Skin Checks are mandatory!!!! Nurses have final say!!!! Doctor's note must be presented for exception!**

Make checks payable to: Salamanca Youth Wrestling Inc. (\$25.00 return check fee)

Mail registrations to: Salamanca Youth Wrestling, 625 Wildwood Ave., Salamanca, NY 14779 - CALL 716-945-0860

For more information www.SalamancaYouthWrestling.org / neandra@salamancayouthwrestling.org

NAME _____ TEAM _____

ADDRESS: _____ / _____ / _____ / _____

STREET CITY ST ZIP

PHONE :(_____) _____ E-MAIL _____

In consideration of your acceptance of my entry, I intend to be legally bound hereby for myself, my heirs, and assigns and waive any and all claims to damages, which I have against the Salamanca Youth Wrestling Boosters (parents), The Salamanca School District and anyone involved in the tournament.

DATE OF BIRTH: ____/____/____

AGE: _____ WEIGHT: _____

Headgear is MANDATORY!!!

WRESTLING EXPERIENCE- PLEASE CIRCLE

Parent/Guardian Signature _____

1ST YEAR / 2ND YEAR

Date: ____/____/____