



# Salamanca Youth Wrestling

## 4th Annual Salamanca Winter Warm-Up Tournament Saturday, January 9<sup>th</sup>, 2010

Limited to the first 400 entries -- Team trophies (1<sup>st</sup> – 3<sup>rd</sup>)

This tournament fills up fast, last year we had to close it early!!! Register Early!!!!

**Brackets will be available online, for verification purposes only. Official brackets will be available day of tournament!!!  
Headgear is mandatory!!! Skin checks are mandatory!!!**

- Date:** Saturday, January 9<sup>th</sup>, 2010  
**Weigh-Ins:** Saturday, January 9<sup>th</sup>, 2010 7:00 – 8:30 AM, Wrestling starts @ 9:00 AM for AM Session  
Saturday, January 9<sup>th</sup>, 2010 11:30 AM – 12:45 PM, Wrestling starts @ 1 PM for PM Session  
**Times:** Age groups 6 & U and 9 & 10 will start @ **9AM**  
Age groups 7 & 8, 11 & 12 and 13 & 14 will start @ approximately **1PM** (wrestlers should report at 11:30AM)  
**Site:** Salamanca Central High School, 50 Iroquois Drive, Salamanca, NY 14779  
**Rules:** Modified NYSHS rules Double Elimination (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)  
**Entry Fee:** \$15.00 (No Refunds, \$20 fee for returned checks)  
**Awards:** 1<sup>st</sup> thru 4<sup>th</sup> will be awarded trophies and champions will get championship shirt

**This is a pre-registration ONLY tournament. All registrations must be post marked by January 2<sup>nd</sup> 2010. No Exceptions!!!**

**NO PHONE ENTRIES ACCEPTED!!! Headgear is mandatory!!!**

**Questions: [jason@SalamancaYouthWrestling.org](mailto:jason@SalamancaYouthWrestling.org) or [neandra@SalamancaYouthWrestling.org](mailto:neandra@SalamancaYouthWrestling.org)**

**\*\*\*\*Ohio Tournament of Champions Qualifier\*\*\*\***

**\*\*\*\*Gene Mills Qualifier\*\*\*\***

Make checks payable to Salamanca Youth Wrestling Inc.

- Age:** Age as of 9<sup>th</sup>, January, 2010  
**Divisions:** 6 & U – 40, 45, 50, 55, 60, HWT (Max 85)  
7 & 8 – 45, 50, 55, 60, 65, 70, 80, 90, HWT (Max 120)  
9 & 10 – 55, 60, 65, 70, 75, 80, 85, 90, 95, 100, 110, HWT (Max 130)  
11 & 12 – 65, 70, 75, 80, 85, 90, 95, 100, 110, 120, 130, HWT (Max 160)  
13 & 14 – 75, 80, 85, 90, 95, 100, 105, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, HWT (Max 200)

**!!! We reserve the right to combine weight classes WITHOUT notice!!!**

Hot foods, including breakfast will be available starting @ 7:00 AM

Admission: Adults – \$3.00, Students – \$1.00, Under 5 – Free

**Headgear is mandatory!!!** Entry Form--(Please Print Clearly or Type) **Headgear is mandatory!!!!!!**

Name: \_\_\_\_\_  
Current Age: \_\_\_\_\_ Division: \_\_\_\_\_ Desired Weight Class: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ School / Club: \_\_\_\_\_

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 the Salamanca Youth Wrestling Inc., Salamanca School District and/or all tournament officials, sponsors or administrators for any and all injuries suffered by me in connection with said tournament. I grant permission for Salamanca Youth Wrestling Inc., to post my son(s)/daughter(s) name, age, weight on their website (www.salamancayouthwrestling.org).

Parent's signature

Contestant's signature

Send entries to: Salamanca Youth Wrestling, 395 East State St., Salamanca, NY 14779

**[www.SalamancaYouthWrestling.org](http://www.SalamancaYouthWrestling.org)**

**We only use NYS certified referees!!! NO SMOKING ON SCHOOL GROUNDS!!!**

**We post the brackets online to help parents and coaches ensure that their wrestlers are in the correct age and weight groups prior to the start of the tournament.**

**It is IMPERATIVE that the parents and coaches check the brackets before 10 PM 1/8/2010. If an error is found, please email Jason Minner at [Jason@SalamancaYouthWrestling.org](mailto:Jason@SalamancaYouthWrestling.org). Changes to the brackets will not take place the day of the tournament, FOR ANY REASON!!! The brackets are posted online are for verification purposes only, the bout and mat numbers will change prior to the start of the tournament. For the protection of all wrestlers, skin checks are mandatory!!! The decision of OUR medical personnel is FINAL. If your wrestler has any non-contagious skin condition, please bring in a note from your doctor.**