

Deposit Youth Wrestling 6 Man Round Robin

Doug Lobdell Tournament

Saturday, January 16, 2010

Deposit Elementary School Gym
171 Second Street, Deposit, NY 13754

Maximum 300 Wrestlers

Check in: 7:00 - 8:00am.

Time: Wrestling starts at 9:00am.

Registration & Entry Fee: \$18.00 by Mail, No Faxes or Emails: Limited To The 1st 300 Paid Entries.

Admission: Adults - \$3.00 • Students - \$1.00 • Preschool & Under - Free

No Entries Accepted After Wednesday, January 13th at 5:00pm.

Make checks payable to: Deposit Youth Wrestling Club
PO Box 257
Deposit, NY 13754

For further information contact:
Angie: Home: 607-467-1237 Cell: 743-5243
Nancy: Home: 607-467-3716 Cell: 760-0313

Rules:

1. NYS High School Modified – Bout length: Three 1 minute periods.
2. Singlet preferred no loose clothing.
3. Sudden Death Overtime: 1 Minute then 30 Seconds.
4. **No JV or Varsity experience.**
5. Criteria for 1st thru 6th place:

- 1st criteria: won/loss record • 2nd criteria: head-to-head winner • 3rd criteria: # of pins
- 4th criteria: total points • 5th criteria: total takedowns

Awards: Team - Trophies for 1st through 3rd place teams. (1st- 10 pts, 2nd - 7 pts, 3rd - 4 pts.)
Team Sportsmanship Award (Team Trophy) Decided By The Referees

Individual awards: Trophies: 1st – 3rd Medals 4th- 6th

Note: Each team must designate a maximum of 10 wrestlers for team points. One team per club.

DIVISIONS: 6 & Under • 7 & 8 • 9 & 10 • 11 & 12 • 13 & 14

Age as of January 17, 2009: Proof of age required if contested and agreed upon by the tournament director.

Note: Tournament director reserves the right to combine or eliminate weight classes.

Madison style weight groupings in a six-man bracket, (Maximum 10% Difference)

Weight may be challenged in the 1st round only. Both wrestlers must weigh in & must be within 2 pounds of weight listed on their form or they will be disqualified no refunds.

Concessions: Food available all day. Breakfast starts at 7:00 AM.

In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against Deposit Youth Wrestling Club, the tournament officials, coaches, agents or successors, the Deposit School District and assigns for any and all injuries suffered by my child at said tournament. I also take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a health/injury insurance policy as a requirement for participating in this tournament.

Name: _____ Birth Date: _____

Division: _____ Age: _____ Actual Weight: _____

Address: _____ State: _____ Zip Code: _____

Phone: _____ Club: _____

Last Years Record: Wins: ____ Losses: ____ Years Exp. ____ Past Honors: _____

Parent's Signature: _____ Date: _____

Gene Mills Eastern National Wrestling Tournament Qualifier