

# Ridgewood General SUPERTROPHY Open

*Saturday, November 18, 2017*



Tournament will be ran in 2 sessions. **We will start on time for all sessions and run quickly!!!**

**Location:** Ridgewood High School, 602 Johnson Street, West Lafayette, OH 43845

**Age Group Classification:** A wrestler's age AS OF DAY OF TOURNAMENT will determine his or her age group.

<u>DIVISION</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-IN</u>	<u>WRESTLE</u>
D1: 6 & UNDER	WEIGHT CLASSES WILL BE DETERMINED AFTER	7:00-9:00 a.m.	10:00 a.m.
D2: 7-8	WEIGH-INS. NO WRESTLER WILL WRESTLE	7:00-12:00 p.m.	1:00 p.m.
D3: 9-10	ANYONE MORE THAN 10% HEAVIER	7:00-9:00 a.m.	10:00 a.m.
D4: 11-12	WITHOUT PARENT OR COACH PERMISSION	7:00-12:00 p.m.	1:00 p.m.
D5: JUNIOR HIGH		7:00-9:00 a.m.	10:00 a.m.
D6: HIGH SCHOOL		7:00-12:00 p.m.	1:00 p.m.

**Awards:** Champion 24" trophy, Runner-Up 22" trophy, 3<sup>rd</sup> Place 20" trophy

**Entry Fee:** \$25 at the time of weigh-ins--2<sup>nd</sup> Division = \$15

***SPECIAL DEAL: Weigh-In and sign up for Bexley Lion Odd-Age SUPERTROPHY on Sunday 11/19 and get both tourneys for \$40 total (Save \$10!!)***

**Match Length:** 3 -1 minute periods (Choice for 2<sup>nd</sup> & 3<sup>rd</sup> periods). 10 pt TECH FALL. 1 minute "Sudden Victory" OT 1<sup>st</sup> point scored wins, 30 second ride out if no scoring

**Rules:** Modified Scholastic Rules will be used for all divisions. Tournament will be double elimination or round robin. Tournament Director reserves the right to combine weight classes upon need.

**Admission:** \$5 Adult, \$3 Student or \$10 Family

**Concessions:** Will be served all day, including a full breakfast. No coolers or crockpots or carry-ins.

**Contact Information:** Ric Roe: [ricroe7408911970@gmail.com](mailto:ricroe7408911970@gmail.com), Phone/Text: 740-891-1970

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Ridgewood High School, Ridgewood Local Schools, A+ Sportswear, tournament officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AGE DIVISION \_\_\_\_\_ WT CLASS \_\_\_\_\_

SIGNATURE OF ATHLETE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_