



14th Annual Jeremy Ammons Memorial Youth Wrestling Tournament

An OAC District & Novice Computer Point Tournament

Tournament will be run on 4 or 5 FULL mats!!!

Licensed Officials!!!

Team Competition!!!

Sunday, January 13th, 2019

Tournament will be ran in 2 sessions. **WE MOVE FAST!!!**

Location: **Highland High School, 1300 State Route 314, Marengo, OH 43334**

DIV (Birth Year)	WEIGHT CLASSES	WEIGH-IN	START TIME
NOVICE D1: 2012-LATER	To be eligible for the Novice division a wrestler must have 3 or less years' experience and has not competed in the OAC State Tournament in Youngstown.	7:00-9:00 a.m.	10:00 a.m.
NOVICE D2: 2010-2011		7:00-9:00 a.m.	10:00 a.m.
NOVICE D3: 2008-2009		7:00-9:00 a.m.	10:00 a.m.
NOVICE D4: 2006-2007		7:00-9:00 a.m.	10:00 a.m.
DI: 2012-LATER	WEIGHT CLASSES WILL BE DETERMINED AFTER WEIGH-INS. NO WRESTLER WILL WRESTLE ANYONE MORE THAN 13% HEAVIER WITHOUT PARENT OR COACH PERMISSION	7:00-11:00 a.m.	12:00 p.m.
D2: 2010-2011		7:00-11:00 p.m.	12:00 p.m.
D3: 2008-2009		7:00-11:00 a.m.	12:00 p.m.
D4: 2006-2007		7:00-11:00 p.m.	12:00 p.m.

The top 4 Novice placers in each weight class earn computer points for seeding at Novice State. These points also count toward Novice State Ranking and end of season Novice awards. **Wrestlers must register online to receive points.**

Awards: Top four place finishers in all divisions receive awards.

Entry Fee: Both Open and Novice each is \$22 Online Preregistration. Walk in Entry Fee is \$25.

Register Online **to receive District/State Seed points and State Computer Point Ranking. Register online at <http://register.ohioathletics.com>**

Match Length: 3 -1-minute periods (Choice for 2nd & 3rd periods). 12 pt. TECH FALL. OT 1-minute sudden victory if no points scored / 30 sec. tie breaker. NOVICE MATCHES= ALL RESTARTS NEUTRAL.

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. No coolers or crockpots or carry-ins.

Contact Information: Adam Gilmore adam_gilmore@hlsd.us or call at **614-204-0726**

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Highland Local School District Board of Education, Highland High School, Highland Athletic Boosters, the Ohio Athletic Committee and its officers, 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:** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE: _____ **E-MAIL:** _____

CLUB: _____

AGE DIVISION _____ **WEIGHT** _____

SIGNATURE OF ATHLETE _____ **DATE** _____

SIGNATURE OF PARENT _____ **DATE** _____