

Carey Youth Wrestling Presents the Seventh Annual
“Aaron Higgins Memorial”
Sunday, February 26, 2017 10:00am

- Location:** New Carey High School - 2016 Blue Devil Way Carey, Ohio 43316 (do not mail entries to school)
(New high school is located off of US 23, south of downtown.)
- Weigh-ins:** Email or call in weights will be accepted with paid registration until Friday Feb.24th, 2017.
There will be weigh-ins and registration on Sunday morning from 7-8am. To ensure wrestling begins promptly at 10am, registration closes at 8am SHARP! Registrations sent via email or called in by coach must be paid by 8am at the registration table. It is recommended to send payment & registration by mail to avoid having to be at the school by 8am.
- Eligibility:** Age as of February 26, 2017 will determine age group; birth certificates may be required if challenged.
- Rules:** Modified High School Rules, ROUND ROBIN with approximately 4-6 wrestlers in each bracket, two minute periods, start in neutral position, sudden death overtime. Tournament director reserves the right to combine or adjust weight classes or divisions. Singlet, shorts, t-shirts, NO SWEATS.
CERTIFIED REFS!!
- Awards:** Div. I - III – Trophies for top 3 placers & Medal for 4th place Div. IV & V – Medals for top 3 placers
- Admissions:** Adult - \$4.00 Student - \$2.00 Ages 7 and under - free
Full Concession Stand // No coolers
- Info:** Kevin Schlack 419-408-8200
Pam Ferguson 419-722-9202
careyyouthwrestling@yahoo.com
- Entry Fee:** \$15.00 if postmarked by Monday, February 20th, 2017
\$20.00 after February 20th, 2017 or day of tournament
Make checks payable to: Carey Youth Wrestling

Mail Entries to: Pam Ferguson
414 Clay St.
Carey, OH 43316

<u>Division</u>	<u>Age</u>	
I	6 & Under	
II	7-8	
III	9-10	Weight classes will be determined after weigh-ins.
IV	11-12	
V	13-14	

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Carey Youth Biddy Wrestling Program, Carey Exempted Village Schools, referees, tournament director, workers and all representatives from any and all claims of right to damages from injuries suffered by me at this tournament.

Name _____ **Club** _____

Address _____ **Division (circle one)** **I** **II** **III** **IV** **V**

Phone _____ **Age as of Feb 26th** _____ **Weight** _____

Parent Signature _____ **D.O.B.** _____