

The 9th Annual Akron Fall Open

Sunday, September 29th, 2019

This tournament is for all wrestlers, with youth, middle school, and high school divisions. This event draws over 300 wrestlers every year! A split start will be used, so check below to see what time your division must weigh in and starts wrestling. We will start on time for all sessions and run quickly!

Event Location: Akron St. Vincent-St. Mary High School, 15 N. Maple Street, Akron, Ohio.

<u>Age Group:</u>	<u>Weigh-In Time</u>	<u>Wrestling Begins</u>
Division I: 2013-2014	7:30-9:00 a.m.	10:00 a.m.
Division II: 2011-2012	7:30-9:00 a.m.	10:00 a.m.
Division III: 2009-2010	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2007-2008	7:30-9:00 a.m.	10:00 a.m.
Middle School:	7:30-1:00 p.m.	2:00 p.m.
High School:	7:30-1:00 p.m.	2:00 p.m.

Weight Classes: Will be determined after weigh-ins. Our goal is to discourage wrestlers cutting weight to make a particular weight class. No wrestler will be paired with a wrestler more than 12% heavier without parental/coach permission.

Individual Awards: Top three finishers in all weight classes will receive medals.

Entry Fee: \$25, payable at weigh-ins- cash or check (payable to CFC Athletics).

Rules: All matches will be three periods with choice of position for the second and third period.

Concessions: Will be served all day, including a full breakfast.

Contact Information: Larry Kerr: 567-203-2955 Email: kerr7370@msn.com

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 St. Vincent-St. Mary Wrestling Team, St. Vincent-St. Mary High School, officials, OhioQuest Wrestling, CFC Athletics, tournament directors, workers and all representatives from all claims of right to damages for any injury suffered by me as a result of competing at this tournament.

WRESTLER'S NAME (PRINT LEGIBLY) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ CLUB or SCHOOL _____

DIVISION _____ BIRTHDATE _____

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____

