

The Ashland JAWS/Wendys Classic Youth Open

Saturday, February 22nd, 2020

The top four teams at this event will receive a combined total of \$1000 in donations to their club, including \$500 to the first place team! This is an open tournament in which any wrestler may compete. No pre-registration is required- same day registration only. This tournament has Rookie, Open, and Middle School Divisions. This tournament will start on time and move quickly!

Event Location: Ashland High School, 1440 King Rd, Ashland, Ohio.

Rookie Division (1st and 2nd year wrestlers only)

<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.	10:30 a.m.

Open Division (Any Wrestler May Compete)

Division II: 2011-2012	7:30-12:30 p.m.	1:30 p.m.
Division III: 2009-2010	7:30-12:30 p.m.	1:30 p.m.
Division IV: 2007-2008	7:30-12:30 p.m.	1:30 p.m.
Middle School:	7:30-12:30 p.m.	2:00 p.m.

Weight Classes: Will be determined after weigh-ins. The purpose of this 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 or coach permission.

Awards: The Top Four Teams will receive donation directly to their program at the end of the tournament, as follows: 1st place: \$500, 2nd place: \$250, 3rd place: \$150, 4th place: \$100. All Divisions (Rookie, Open, & Middle School) will count toward the team race for this tournament. All top three place finishers (Rookie & Open) will receive medals.

Entry Fee: \$25, payable at the time of 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 Ashland Wrestling Team, Ashland 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 directly or indirectly 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** _____

