

The 9th Annual Canfield Fall Open

Saturday, November 2nd, 2019

This tournament is for all wrestlers, with youth, middle school, and high school divisions. Note: No pre-registration is necessary for this event, just arrive during the weigh-in times listed below. Five mats will run for this event to ensure it moves as quickly as possible. We will start on time for all sessions and run quickly!

Event Location: Canfield High School, 100 Cardinal Drive, Canfield, 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:	7:30-12:30 p.m.	1:30 p.m.
High School:	7:30-12:30 p.m.	1:30 p.m.

Weight Classes: Will be determined after weigh-ins. Our goal is to discourage wrestlers from 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 Canfield Wrestling Team, Canfield 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 _____

