

Crestview Cougar Open

Saturday, November 4th, 2017

Tournament will be ran in 2 sessions. **We will start on time for all sessions and run quickly!!!**

Location: Crestview High School, 1575 St. Rt. 96, Ashland, OH 44805

Age Groups are by birth year, not birth day date.

DIV (Birth Year)	WEIGHT CLASSES	WEIGH-IN	START TIME
NOVICE D1: 2011-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	7:00-9:00 a.m.	10:00 a.m.
NOVICE D2: 2009-2010		7:00-9:00 a.m.	10:00 a.m.
NOVICE D3: 2007-2008		7:00-9:00 a.m.	10:00 a.m.
NOVICE D4: 2005-2006		7:00-9:00 a.m.	10:00 a.m.
D5: JUNIOR HIGH		7:00-9:00 a.m.	10:00 a.m.
D6: HIGH SCHOOL		7:00-9:00 a.m.	10:00a.m.
DI: 2011-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: 2009-2010		7:00-11:00 a.m.	12:00 p.m.
D3: 2007-2008		7:00-11:00 a.m.	12:00 p.m.
D4: 2005-2006		7:00-11:00a.m.	12:00 p.m.

NOVICE Divisions and Weight Classes will be determined after weigh-ins.

All Novice Weigh-In Times 7:00am – 9:00am All NOVICE Wrestling Starts at 10:00am

To be eligible for the Novice division a wrestler must have 3 or less years' experience and has not competed in the OAC State

Awards: Champion of each weight class will get a CHAMPION SWEATSHIRT. Medals for 2nd thru 4th.

Entry Fee: \$20 at the time of weigh-ins. Wrestlers can enter 2nd Division for \$20. **NOVICE DIVISION ONLY = \$20.**

Match Length: 3 -1 minute periods (Choice for 2nd & 3rd periods). 10 pt TECH FALL. OT 1 minute sudden victory if no points scored / 30 sec. tie breaker.

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, including breakfast. No coolers or crockpots or carry-ins.

Contact Information: Tim Kuhn: kuhn.timothy@crestviewschools.net, Phone/Text: 419-564-7025

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 Crestview High School, Crestview Local Schools, the Ohio Athletic Committee and its officers, Game Day Sportswear, 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 _____

AGE DIVISION _____ WT CLASS _____

***Age Group Classification: A wrestler's age AS OF December 31, 2016 will determine his or her age group.

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____