

The Ellwood City Spring Open

Saturday, April 4th, 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, Youth Open, Middle School, High School and Masters Divisions.

Event Location: Ellwood City High School, 501 Crescent Ave, Ellwood City, PA

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

<u>Age Group:</u>	<u>Weigh-In Time</u>	<u>Wrestling Begins</u>
Division I: 2013 and under	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.

Open Division (Any Wrestler May Compete)

Division II: 2011-2012	7:30-10:00 a.m.	11:00 a.m.
Division III: 2009-2010	7:30-10:00 a.m.	11:00 a.m.
Division IV: 2007-2008	7:30-10:00 a.m.	11:00 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.
Masters:	7:30-12:30 p.m.	2:00 p.m.

Weight Classes: Will be determined after weigh-ins. Our hope is to discourage cutting weight. 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. Rookie, Youth Open, & Middle School results will count toward the team race for this tournament. All top three place finishers (Rookie & Open) will receive medals.

Event Registration: \$25 entry fee, 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: 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 Ellwood City Wrestling Team, Ellwood City 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** _____

