



## ***Fairview Youth Open***

**Saturday, February 18, 2017**

**Doors open at 8 am**

**Wrestling begins at 9:30 am**

**Tournament Location:**

**Fairview Elementary School,  
14060 Blosser Rd, Sherwood, Ohio.**

### **AGE GROUP WEIGHT CLASSES**

6-Under year old TBD

7-8 year old TBD

9-10 year old TBD

11-12 year old TBD

13-15 year old (NO High School) 80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt.

**Awards:** Trophy for all 1<sup>st</sup> Place Finishers, 2<sup>nd</sup> & 3<sup>rd</sup> Place Receive Medals.

**Team Award:** The top three teams will receive a team trophy

**Entry Fee:** \$20 pre-register or \$25 at the door

**Checks payable to: Central Local School** mail payment to: PO Box 46 Ney OH, 43549

**Rules:** Modified Scholastic Rules will be used for all divisions. All periods start from neutral. All restarts are from neutral. Tournament Director reserves the right to combine weight classes upon need. Weigh in by honor system. Spot checked if challenged day of tournament. Coaches email team roster/weights in by Friday Feb 17<sup>th</sup> at 7pm.

**Concessions:** Will be served all day

**Contact Information:** Nick Saul:419-553-0143 Email: [apachewrestlingclub@gmail.com](mailto:apachewrestlingclub@gmail.com)

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In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Fairview Wrestling Team, Central Local School, 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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ CLUB or SCHOOL \_\_\_\_\_

AGE GROUP \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ WEIGHT \_\_\_\_\_

Age Group Classification: year of birth will determine his or her age group.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_