



Galion Covert Manufacturing Youth Open

An OAC Sectional & Novice Tournament
Sunday, January 28, 2018

Tournament will be run in 3 sessions. **We will start on time for all sessions and run quickly!!!**

Location: Galion High School, 472 Portland Way North, Galion, Ohio 44833

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.
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		7:00-1:00 p.m.	2:00 p.m.
D3: 2007-2008		7:00-11:00 a.m.	12:00 p.m.
D4: 2005-2006		7:00-1:00 p.m.	2:00 p.m.

The top 4 Novice placers in each weight class earn computer points for seeding at Novice State. These points also count toward Novice State Ranking and end of season Novice awards. Wrestlers must register online to receive points.

Awards: Top four place finishers in all divisions receive awards.

Entry Fee: \$22 at the time of weigh-ins. Wrestlers may enter 2 Divisions **NOVICE DIVISION = \$20.**

Walk in Entry Fee for Open is \$25

Register Online or On Site. To receive District/State Seed points and State Computer Ranking Points you MUST register online at <http://register.ohioathletics.com>

Match Length: 3 -1 minute periods (Choice for 2nd & 3rd periods). 12 pt TECH FALL. OT 1 minute sudden victory if no points scored / 30 sec. tie breaker

NOVICE MATCHES = ALL RESTARTS NEUTRAL.

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, No coolers or crockpots or carry-ins.

Contact Information:

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Host school name here, the Ohio Athletic Committee and its officers, 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, 2015 will determine his or her age group.

SIGNATURE OF ATHLETE _____ **DATE** _____

SIGNATURE OF PARENT _____ **DATE** _____