

The Galion Covert Manufacturing Youth Open

Sunday, January 27th, 2019

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, Open, and Middle School Divisions. This tournament will start on time and move quickly!

Event Location: Galion High School, 472 Portland Way N, Galion, Ohio.

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

<u>Age Group:</u>	<u>Weigh-In Time</u>	<u>Wrestling Begins</u>
Division I: 2012-2013	7:30-9:00 a.m.	10:00 a.m.
Division II: 2010-2011	7:30-9:00 a.m.	10:00 a.m.
Division III: 2008-2009	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2006-2007	7:30-9:00 a.m.	10:30 a.m.

Open Division (Any Wrestler May Compete)

Division II: 2010-2011	7:30-12:00 p.m.	1:00 p.m.
Division III: 2008-2009	7:30-12:00 p.m.	1:00 p.m.
Division IV: 2006-2007	7:30-12:00 p.m.	1:00 p.m.
Middle School:	7:30-12:00 p.m.	1:30 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. All Divisions (Rookie, Open, & Middle School) 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. However, if turnout is exceptionally large- we may use an alternate format of two periods with all period starts and re-starts from the neutral position to keep the event moving quickly.

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 Galion Wrestling Team, Galion 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** _____

