

The Salem Youth Wrestling Classic

Saturday, February 9th, 2019

The top four teams at this event will leave with a combined total of \$1000 in donations to their club, including a \$500 check to the first place team. We will ALWAYS respect your time by starting the event on time and running it as quickly as possible! Note: This tournament has Rookie, Open, and Middle School Divisions. The Rookie Division is for 1st and 2nd year only.

Event Location: Salem High School, 1200 East 6th Street, Salem, 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. The purpose of this is to discourage wrestlers cutting weight to make a particular weight class. 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.

Entry Fee: \$25, payable at the time of 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.

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 Salem Wrestling Team, Salem 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 directly or indirectly 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** _____

