Streaks Youth Tournament

Sunday December 21, 2025

Limited to first 200 wrestlers

WHERE: St. Joseph Central Catholic High School: 702 Croghan St., Fremont, Ohio 43420

Weigh-ins: Please e-mail wrestlers name, age, weight & wrestling club to: Bonnie Mitchell at bsmitchell1@hotmail.com with Subject Line: **Streaks Youth Tournament**. Direct any questions to Gabe Arreola ph: 419-463-1391.

- **PRE-REGISTRATION ONLY VIA EMAIL. NO WEIGH-INS DAY OF TOURNAMENT.**
- E-mail must be received by Saturday, December 20, 2025 by 12pm.
- Coach OR Parent may pay entry fee at time of check-in.
- **Team Tournament** – email top 20 scorers to Bonnie. Awards to top 3 teams.

TIME: Wrestling begins approximately at 10am. Doors open at 8:30am.

REGISTRATION: All wrestlers need to be checked in and must have their registration fee paid by 9:15 am. Wrestlers not checked in by 9:15 am will be removed from the bracket (no refund). Thank you in advance for your cooperation.

COST: $30 per wrestler. **Make checks payable to Streaks Wrestling Club**.

ELIGIBILITY: All wrestlers 12 years and younger as of the day of the tournament. ***NO JR. HIGH WRESTLERS***

DIVISIONS: Division I: 6 and under - Division II: 7 & 8 - Division III: 9 & 10 - Division IV: 11 and 12

Bring Birth Certificate in case of Challenge

WEIGHT CLASSES: To be determined

AWARDS: Awards to top 4 finishers, and top 3 teams.

RULES: Modified high school rules. Round Robin – two 1 ½ minutes periods, both periods will start in neutral position. Twelve point tech fall. One minute OT period, first point wins match. If no winner, 30 second periods will be wrestled.

DRESS: Singlet or t-shirt and shorts. NO loose or baggy clothing.

ADMISSION: $5/person or $15/Family

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Name: _____ Age: _____ Birth Date: _____

School: _____ Club: _____

Weight: _____ Email: _____Phone: _____

Address: _____ City:_____ State:_____ Zip:_____

Waiver: In consideration of your acceptance of my entry, I and my legal heirs, executors and administrators, do hereby waive and release the Streaks Wrestling Club, St. Joseph Central Catholic High School, Board of Education, Tournament Committees, staff, officials, and sponsors from any and all claims of right to damage for injuries or losses suffered by me directly or indirectly to or from competing in or attending the said wrestling tournament. Pledge of sportsmanship: In entering this tournament, we acknowledge that all decisions by the tournament officials are final and non-negotiable. We also understand that continued hostile arguments to said officials can be grounds for disqualification from the tournament and possible ejection from the premises with no refund of admission or entry fees.

Parent Signature: _____ Wrestler Signature: _____

Please bring this form with you, on the day of the tournament.