

The Triway Spring Open

Saturday, March 16th, 2019

This tournament is truly for everyone- featuring Rookie, Youth Open, Middle School, High School & Masters Divisions. Note: This event features same day registration, no pre-registration is needed. We will always respect your time by moving the event as quickly as possible!

Event Location: Triway High School, 3205 Shreve Rd, Wooster, Ohio.

“Rookie” Division Tournament (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 Tournament (Experienced Wrestlers)

<u>Age Group:</u>	<u>Weigh-In Time</u>	<u>Wrestling Begins</u>
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	7:30-9:00 a.m.	10:00 a.m.
Middle School:	7:30-9:00 a.m.	10:00 a.m.
High School:	7:30-12:00 p.m.	1:00 p.m.
Masters:	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 from cutting weight to make a particular weight class. No wrestler will be paired against another more than 12% heavier without parent or coach permission.

Awards: 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.

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 Triway Wrestling Team, Triway High School, officials, OhioQuest Wrestling, CFC Athletics, tournament directors, workers and all representatives from any and 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** _____

