

The Margareta Youth Classic

Sunday, February 3rd

An OAC Computer Point Open & Novice Tournament

To ensure that you get out on time for your Super Bowl Parties, we are starting an hour early and running five mats! Top three finishers in the Youth Open Division (12 and under) will receive deluxe trophies! This event has Open, Novice & Middle School Divisions.

Tournament Location: Margareta High School, 209 Lowell St, Castalia, Ohio.

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

<u>Age Group:</u>	<u>Weigh-In Time</u>	<u>Wrestling Begins</u>
Division I: 2012-2013	6:30-8:00 a.m.	9:00 a.m.
Division II: 2010-2011	6:30-8:00 a.m.	9:00 a.m.
Division III: 2008-2009	6:30-8:00 a.m.	9:00 a.m.
Division IV: 2006-2007	6:30-8:00 a.m.	9:30 a.m.

Open Division (Any Wrestler May Compete)

Division II: 2010-2011	6:30-11:00 a.m.	12:00 p.m.
Division III: 2008-2009	6:30-11:00 a.m.	12:00 p.m.
Division IV: 2006-2007	6:30-11:00 a.m.	12:00 p.m.
Middle School:	6:30-8:00 a.m.	9:00 a.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: Open Division: Top three place finishers DIV. 2-DIV. 4 receive deluxe trophies. Novice Divisions: Top three finishers receive medals. Division 5: Top three place finishers receive medals.

Entry Fee: Register Online or On Site that day. \$22 if Pre-Registered online. \$25 if Registered at weigh-ins (cash or check). To receive District/State Seed points you MUST register online at <http://register.ohioathletics.com>

Rules: Modified Scholastic Rules will be used for all divisions. Match Length: Three 1-minute periods (Choice for 2nd & 3rd periods). 10 pt. Tech Fall.

Concessions: Will be 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 Margareta Wrestling Team, Margareta High School, OhioQuest Wrestling, CFC Athletics, The OAC, officials, 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 _____

AGE GROUP _____ BIRTHDATE _____

Age Group Classification: A wrestler's year of birth will determine his or her age group.

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____