

The Salem Youth Open

Saturday, February 9th

An OAC Computer Point Open & Novice Tournament

Top three place finishers in the Youth Open Division (12 and under) will receive deluxe trophies! This tournament has both Open and Rookie Divisions. This tournament will start on time and move quickly for both sessions!

Tournament 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: Sept 2005-2007	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: Sept 2005-2007	7:30-12:00 p.m.	1:00 p.m.
Division V: Junior High	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: 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 the time of 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 Salem Wrestling Team, Salem High School, OhioQuest Wrestling, CFC Athletics, The OAC, officials, tournament directors, 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 _____

