

Canandaigua Reho/McWilliams Memorial Youth Wrestling

8-Man Tough Guy Tournament

Saturday, 1/28/06

Canandaigua Middle School

215 Granger Street, Canandaigua, NY 14424

Pre-registration & \$18.00 fee due by 1/24/06 or first 300 paid entries.

****NO WALK-INS****

One entry per wrestler, no refunds.

****CERTIFIED OFFICIALS** >> Qualifier for Gene Mills Eastern Nationals <<**

Spectators: Food donation for local shelter instead of admission fee.

Ages: 5/6; 7/8; 9/10; 11/12 and 13/14 (7th & 8th graders), 9th graders (ages 14/15).

No Varsity experience. Age as of tournament. Proof if challenged.

Brackets: Madison system, no weight classes. Grouped within 10% of weight.

Weigh~ins: 7:30-8:30 a.m., wrestling immediately following. Weight on registration form should reflect the wrestler's weight in wrestling gear with shoes on. All wrestlers weights will be verified upon check in, dressed "ready to wrestle" including shoes. There will be a 2-pound allowance. Any wrestler that does not make the registered weight within this allowance is subject to disqualification.

Rules: 8-Man Tough Guy Bracket with full wrestlebacks to 8th place.

Awards: 1st –4th Plaques, 5th-8th Medals

>> Food and wrestling gear available on site <<

I understand that wrestling is a sport, which involves risk. *In consideration of this entry being accepted, I hereby, for my child, waive and release any and all rights and claims for damages I may have against the City of Canandaigua, the Canandaigua Wrestlers Booster Club, its agents, representatives, successors, the Canandaigua School District and assigns for any and all injuries suffered by my child at said tournament. I understand that my child must be covered by a health/injury insurance policy and upon signing this verify that he/she is covered. I agree that Parent/Coach is responsible for any damages this wrestler causes. Poor sportsmanship or inappropriate behavior will not be tolerated and person(s) will be asked to leave the grounds. *Tournament director reserves the right to final say.

Parent's Signature: _____ Wrestler's Signature: _____

Wrestler's printed Name: _____ Age: _____ Wgt: _____

Yrs experience: _____ Email address: _____

Mailing address: _____

Phone number: () _____ Team/School Name: _____

Make checks out to: CASB-Wrestling and mail to

Tammy Tiller, CA Youth Wrestling, 3891 Middle Cheshire Road, Canandaigua, NY 14424.

For questions contact: Brent or Tammy Tiller 585.393.8278 / 585.394.0034 (after 5 p.m.)

www.canandaiguaschool.org/athletics → Individual Team's Sites → Wrestling