

**SECTION FOUR
WRESTLING OFFICIALS
ASSOCIATION**



**AMUSEMENT RIDES
GAMES
FREE FIREWORKS**

**CLINTON CLASH WRESTLING TOURNAMENT IN MEMORY OF GARY SEYMOUR
Youth, High School and Open Divisions, Saturday May 25th 2014**

Pre- REGISTRATIONS MUST BE RECEIVED NO LATER THAN Sat. May 20

Pre-Registration fee = \$20.00. Must fill out registration form completely

REGISTRATIONS Day of tournament \$25 PER WRESTLER 7:30-8 AM

Wrestling to be held Gen. Clinton Park, under the big tent, Rt. 7 East, Bainbridge, NY 13733

YOUTH RULES:

1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute.
2. Round robin group of six - guaranteed five matches in group of six.
3. Singlet and headgear preferred (no loose clothing).
4. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).
5. Wrestlers may compete in only one division and weight class.
6. Criteria for 1st, 2nd, 3rd and 4th places:

- 1st criteria: won/loss record
- 2nd criteria: head-to-head winner
- 3rd criteria: # of pins
- 4th criteria: total points
- 5th criteria: total takedowns

Check In to wrestle 7:30-8:30 A.M. at registration desk

No shows, will not receive any refund

Wrestling starts 9:00 A.M

Age Groups: 6 & under, 7&8, 9&10, 11&12 13&14 7th, 8th or 9th graders that have competed on the Varsity or JV level **must** compete in the High School Division

HIGH SCHOOL DIVISON Takedown Tournament Wrestling starts 9:00 A.M

AGE AS of May 25th 2024 Proof of age required if contested and agreed upon by the tournament director. Each weight class is made up of 3 to 5 wrestlers, whose ACTUAL weights are closest to each other, taking into account last year's record/past honors. Coaches must do their own weigh-ins and ACTUAL weight must be put on registration form. NOTE: Tournament director reserves the right to combine or eliminate weight classes.

- Awards 1ST, 2ND 3rd, 4th

Pre-registration COST \$20.00 PER WRESTLER

Day of tournament \$25 PER WRESTLER

MAKE CHECKS PAYABLE TO: Section Four Wrestling Officials Assoc. (SFWOA)

SEND TO: Michael R Wilcox 80 West Main St. Clifton Springs, NY 14432

MUST BE RECEIVED NO LATER THAN Saturday May 20 post marked May 16th 2024 FURTHER INFORMATION

CONTACT: Mike Wilcox 607-967 8520, wilcoxwrestling@yahoo.com,

Karl Krause 607-237 8042 rose99@echoes.net,

No shows, will not receive any refund

-----WRESTLER ENTRY FORM-----

NAME _____ DATE OF BIRTH _____ AGE _____

Actual weight WGT _____ ADDRESS _____ SCHOOL OR CLUB _____

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 VILLAGE/TOWN OF BAINBRIDGE, THE SECTION FOUR WRESTLING OFFICIALS ASSOCIATION, IT'S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GENRAL CLINTON CANOE REGATTA, BAINBRIDGE CHAMBER OF COMMERCE AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL TAKE ALL RESPONSIBILITY FOR ANY AND ALL DAMAGES DONE BY MY CHILD AT SAID TOURNAMENT. I ALSO UNDERSTAND THAT MY CHILD MUST BE COVERED BY A HEALTH/INJURY POLICY AS REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

If a minor PARENT'S SIGNATURE _____ DATE _____

If not a minor Wrestler's SIGNATURE _____ DATE _____