



DRYDEN YOUTH WRESTLING TOURNAMENT

TOWN OF DRYDEN RECREATION DEPARTMENT

DATE: January, 30 2010
PLACE: Dryden High School
Dryden, NY
TIME: Wrestling will start at 9:00am
(Please check in between 7:00 – 8:30am)
REGISTRATION: **PRE REGISTRATION ONLY (NO WALK-INS)**
Registrations will be due before 7:00pm Wednesday 1/27/2010
Limited to 300 wrestlers

Please make checks payable to:
Town of Dryden Recreation Department
Mail fee and registration to:
Andrew Pierce (Dryden Rec. Coordinator)
Dryden Town Hall
93 E. Main Street
Dryden NY 13053
Honor Weigh-in



Tournament committee will do random weight checks! At their discretion!

WEIGH-INS

ENTRY FEE: \$20.00 per wrestler

RULES: 4-6 MAN ROUND ROBIN
NYS High School Modified, Bout time 1min – 1min – 1min
NO JV OR VARSITY EXPERIENCE

DIVISIONS: **6 & Under, 7 & 8, 9 & 10, 11 & 12, 13 & 14**
Weight classes will be made up of 4 – 6
Wrestlers by their actual weights
and years of experience.

NOTE: Tournament committee has the right to combine or eliminate weight classes pending entries.

ENTRY FORM

NAME _____ DIVISION _____

ACTUAL WEIGHT _____

ADDRESS _____

STATE _____ ZIP CODE _____

PHONE _____

AGE _____ DOB _____

SCHOOL/CLUB _____

YRS EXP. _____

LAST YEARS RECORD: W _____ L _____

I, the undersigned parent or guardian of the child(ren) listed above, hereby give permission for my child(ren) to participate in the Town of Dryden Recreation Department sponsored program indicated above at my and his or her own risk. I understand that there is **NO accident insurance coverage** for any participant in the program. On behalf of myself, my child(ren) and any other guardian, I agree that we will abide by the rules and regulations of the program and will accept in good faith, any and all decisions of the officials/person(s) in charge.

I agree to defend, save and hold harmless the Town of Dryden and the Town of Dryden Recreation Department for any injuries, damages, claims, suits or causes of action occasioned by my child(ren)'s participation in the said program and I hereby release from any and all liability the said Town of Dryden, Town of Dryden Recreation Department, the Youth Sport Program, and/or any person(s), property, or official(s) in relation to said program.

Please check one:

I, the parent/guardian give permission for the Town of Dryden Recreation Department to take and release photos of my children for publicity reasons.

I, the parent/guardian DO NOT give permission for the Town of Dryden Recreation Department to take and release photos of my children for publicity reasons.

This/these child(ren) has/have had a physical exam within the last year and there are no medical restrictions to prevent participation in said program.

I, the parent/guardian give permission for said child(ren) to be transported (if needed), and treated by emergency medical personnel if I am not present.

Parent/Guardian Signature

Date:

AWARDS: 1st place champion Gold Medal 2nd Silver, 3rd Bronze medals, participation certificates

