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**SECTION FOUR
WRESTLING OFFICIALS
ASSOCIATION**



**AMUSEMENT RIDES
GAMES
FREE FIREWORKS**

CLINTON CLASH WRESTLING TOURNAMENT IN MEMORY OF GARY SEYMOUR

High School and Youth Division, **Saturday May 23th 2015**

Format -5 Man Round Robins

*****PRE-REGISTRATION ONLY*****Limit first 350 wrestlers

ALL REGISTRATIONS MUST BE RECEIVED NO LATER THAN Mon. May 18

NO entries accepted after Mon. May 19, 2014 at 4:00P.M.

Registration fee = \$20.00. Must fill out registration form completely
Wrestling to be held Gen. Clinton Park, under the big tent, Rt. 7 East, Bainbridge, NY 13733

YOUTH DIVISION 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 A.M. at registration desk

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 DIVISION

Takedown Tournament with round robin format. Total cumulative takedowns against all opponents determine placing

AGE AS of May 24th 2014 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.

Youth - Awards 1ST, 2ND 3rd, 4th High School Awards 1st, 2nd 3rd and 4th

COST \$20.00 PER WRESTLER Pre registration only Check in 7:30 A.M at registration table

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

SEND TO: Michael R Wilcox P.O. Box 117, Bainbridge, NY 13733

MUST BE RECEIVED NO LATER THAN **Monday May 18th post marked May 16th 2014**

FURTHER INFORMATION CONTACT: Mike Wilcox 967 8501, wilcoxwrestling@yahoo.com, Karl Krause 237 8042 rose99@echoes.net,
Rick Armstrong 217 5492 ricksarmstrong@gmail.com

No fax INS, no calls please, this tournament will be set to go Saturday 10:00A.M.

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.

PARENT'S SIGNATURE _____ DATE _____

ALL ENTRIES MUST BE RECEIVED BY May 19, postmarked May 16th