

1st Annual Tiger Tussle
SUNY COBLESKILL YOUTH WRESTLING TOURNAMENT
6-MAN ROUND ROBIN

*******GENE MILLS EASTERN NATIONAL/ OHIO TOURNAMENT OF CHAMPIONS QUALIFYING TOURNAMENT*******

DATE: Saturday April 10, 2010

PLACE: SUNY COBLESKILL, State Rte 7 Cobleskill, NY 12043

TIME: Wrestling will begin **9am, All wrestlers must be checked in by 8:00am.**

There will be weigh ins, any wrestler who exceeds 2 lbs. of weight class will be disqualified. NO EXCEPTIONS, NO REFUNDS.

WEIGH INS: 6am-8am Saturday April 10th

Registration and Entry fee : \$20.00, Make checks payable to Cobleskill Wrestling Club

LIMITED TO FIRST 300 PAID ENTRIES

Mail Entries to: Jim Goblet

576 Treadlemire Rd

Berne, NY 12023

Questions: Jim Goblet (518)365-5156

JimGoblet@yahoo.com

***PRE- REGISTRATION ONLY--NO WALK INS. ENTRY DEADLINE 04/06/10 6:00pm**

RULES:

1) NYS High school modified—Bout length: 1-1-1

2) Round Robin (groups of six when possible, wrestlers will be grouped based on experience, weight, and ability)

3) Sudden Death Overtime: (1 minute, then 30 second ride out)

4) No J.V. or Varsity experience

5) Wrestlers may compete in more than one age group and weight class

6) Criteria for 1st- 6th places: 1) won/loss record, 2) head-to-head winner, 3) # of pins, 4) Total points, 5) Total takedowns

AWARDS: Trophies for 1st-3rd and Medals for 4th-6th

Team Awards; Trophies for 1st through 3rd place teams. (1st-10pts., 2nd-7pts, 3rd-4pts)

Teams are allowed to enter 10 wrestlers! Roster needs to be submitted by 8:00 am at registration

Admission: \$2.00 for adults children are free

AGE as of April 10, 2010: Proof of age required if contested and agreed upon by the tournament director. Each weight class is made up of 4 to 6 wrestlers whose ACTUAL weights are closest to each other, taking into account age, experience, last years record, & past honors. Coaches and Parents must do their own weigh-ins and ACTUAL weight must be put on registration form.

DIVISIONS: I II III IV V
 6 & under **7& 8** **9&10** **11&12** **13&14**

Tournament director reserves the right to combine or eliminate weight classes

Name: _____ Age: _____ Division: _____ D.O.B.: _____

Address: _____ Phone: _____

Yrs. Wrestled: _____ Actual Weight: _____

School/Club: _____ Cumulative Record: _____

Past Honors: _____

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 Suny Cobleskill College, its agents, representatives, successors, and assigns, for any and all injuries suffered by my child at said tournament. I also agree that I will be responsible 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 insurance policy as a requirement of participating in this tournament. By signing below I agree to these terms and conditions.

Parent/Guardian

Signature: _____ Date: _____