

Fifth Annual Barry DePersis Memorial Wrestling Tournament

SATURDAY, DECEMBER 19, 2009 - 6 MAN ROUND ROBIN

DATE: Saturday, December 19, 2009

PLACE: Union-Endicott High School, 1200 East Main Street Endicott, NY (Exit 67N off State Route 17)

TIME: Wrestling Starts At 8:30 AM

SEEDING MEETING: By Committee

NO entries accepted after Wednesday, December 16, 2009 at 12:00 Noon.

REGISTRATION & ENTRY FEE: \$22.00, by mail or email **Limited to first 400 paid entries.**

Make checks payable to: Union-Endicott Wrestling Club
Address: c/o Laurie Bendick
225 Ridgefield Road
Endicott, NY 13760

For Further Information Contact:
Laurie Bendick (607) 343-4970
e-mail – lauriebendick@yahoo.com

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. No JV or Varsity experience.
6. Wrestlers may compete in only one division and weight class.
7. 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

DIVISIONS: **6 & Under** **7 & 8** **9 & 10** **11 & 12**

AGE AS OF DECEMBER 19, 2009: 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 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: Individual - Trophies for 1st through 4th place
Team - Trophies for 1st through 3rd place teams. (1st – 10 pts, 2nd – 7 pts, 3rd - 4 pts.)

NOTE: Each team must designate a maximum of 10 wrestlers for team points.

ADMISSION: \$3.00 for adults, \$2.00 for students, pre-school free.

REFRESHMENTS: Food will be available all day starting with breakfast at 7:00 AM

NAME _____ **DIVISION** _____ **ACTUAL WEIGHT** _____

ADDRESS _____

STATE _____ **ZIP CODE** _____ **PHONE #** _____

AGE: _____ **BIRTH DATE** _____ **SCHOOL / CLUB** _____

LAST YEAR'S RECORD: Won: _____ **Loss:** _____ **PAST HONORS** _____

In consideration of this entry being accepted, electronically, by phone, or submission of this form, by I hereby, for my child, waive and release any and all rights and claims for damages I may have against the Village of Endicott, the Union-Endicott Wrestling Club, it's agents, representatives, successors, the Union-Endicott Central School District and assigns for any and all injuries suffered by my child at said tournament. I also will take 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 insurance policy as a requirement for participating in this tournament and my child is covered by a health/injury insurance policy.

PARENT'S SIGNATURE: _____ DATE: _____