

1st Annual Baron Brawl Youth Wrestling Tournament

AN OHIOWRESTLER.COM TOP 20 POINT SCORING EVENT

Sunday, January 25th, 2009

Buckeye Valley Middle School, 683 Coover Road, Delaware, OH 43015

Ages/Weights:

Division 1	6-under	*Weight classes will be determined day of tournament.
Division 2	7 - 8	40, 47, 53, 60, 65, 70, 77, 90
Division 3	9 & 10	55, 60, 65, 70, 77, 85, 95, 110, 130
Division 4	11 & 12	70, 75, 80, 85, 90, 95, 100, 110, 125, 140, 160

• We reserve the right to combine weight classes as needed.

Match Length: Divisions 1, 2, 3, 4 (2) 2 minute periods

Awards: Medals for 1st, 2nd, and 3rd place finishers.

Brackets: 8-Man Brackets only for all weights. **3 FULL MATS** will be running for the day.

Start Times: Divisions 1 and 2 start at noon. Divisions 3 and 4 will begin approximately 2:30 pm. The Middle School doors open at 11:00 am for those who weighed in prior to Sunday morning.

WE MOVE FAST!!!!

Weigh-ins: Tuesday, January 20th from 6:30-8:00pm, Thursday, January 22nd from 6:30-8:00pm at the HS. Saturday January 24th 11:00am - 3:00pm and Sunday, January 25th from 9:00-10:30am at middle school. ***NO Call-Ins!**

Officials: **THERE WILL BE LISCENSED OFFICIALS!!!!**

Rules: Modified High School Rules: Double Elimination, All starts in the neutral position. 10 Point Technical Fall Rule

Food: All day concession stand / **NO COOLERS. CROCK POTS PROHIBITED.**

***Singlets not mandatory** (Shorts & t-shirts tucked in are fine. Headgear recommended, but optional.)

***Birth certificate and/or class schedule must be shown if age is challenged!**

Costs: \$3.00 Adults \$1.00 Students

Entry Fee: \$15 for Tuesday, Thursday or Saturday weigh-ins, \$20 for Sunday morning weigh-ins.

Please make checks payable to: Barons Wrestling

Questions: Contact Eric DiSabato at: edisabato@buckeyevalley.k12.oh.us or call at 614-975-1106.

(Return this portion with Entry Fee)

In consideration of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors and administrators, waive and release the Buckeye Valley Local School District Board of Education, BV Middle School, BV Athletic Booster Club, representatives, committee members from any and all claims of right to damages for injuries suffered by me directly or indirectly in traveling to and competing in the Buckeye Valley Youth Wrestling Tournament.

Name of Athlete (Please Print) _____ School/Club _____

Address _____ City _____ ZIP _____

Phone _____ Grade _____ Age _____ Birth Date ____/____/____

Signature of Parent/Guardian _____ Date ____/____/____

***To be filled out at Weigh Ins:** Actual Weight: _____ Division: _____

Weight Class: _____

Copy of Entry Form provided by www.OhioWrestler.com
With permission of Barons Wrestling per Dan Arthur

