

2nd Annual Raider Beginner Classic

NOVICE WRESTLING EVENT

1st & 2nd Year Wrestlers Only!

DATE: Saturday January 17th, 2009

TIMES: 8:30-10:00 am weigh-ins 10:30 am wrestling will begin 2:30 pm we will conclude.

LOCATION: 15911 Aldersyde Drive, Shaker Heights 44120 Shaker Heights High School -- New Gym (Main Gym)

AGES: 5 -14 1st & 2nd YEAR WRESTLERS ONLY!!!

ENTRY FEE: \$10.00 per wrestler -- to be paid at the door prior to weigh ins. Checks should be made payable to the "Shaker WC:"

WEIGH-INS All wrestlers will be weighed in upon arrival. Weigh-ins will close at 10:0 Sharp!

RULES: There will be three one minute periods. All periods start neutral. If a wrestler goes out of bounds they will start in the neutral position. Each period will start in the neutral position. 10 points is a tech fall. Wrestlers will be given two warnings for illegal holds and then a point will be awarded. Overtime: unlimited time. First point scored in overtime determines the winner. Officials will be high school wrestlers and coaches.

FORMAT: 1st & 2nd year wrestlers will be paired up against other 1st & 2nd year wrestlers of similar age, weight and ability. We will try and get each wrestler a minimum of three matches. This is not a tournament; it is just an opportunity to get 1st & 2nd year wrestlers matches and experience. If you have questions about this event please contact Travis Cox at 216-650-1460 or by email at cox_t@shaker.org.

Directions to Shaker Heights HS

Exit 271 at Chagrin Blvd. Go West/Left on Chagrin Blvd. to until you get to Lee Road. Take a right and go north on Lee Road until you see Parkland Drive. Take a left on Parkland and head west until you see the school board office. Take a left on Ashford Road and follow the circle around toward the main gym.

PLEASE FILL OUT THIS FORM PRIOR TO WEIGH-INS

WRESTLERS NAME: _____ CLUB/TEAM: _____ DIVISION: _____

ACTUAL WEIGHT: _____ (To be filled in at Weigh-Ins)

ADDRESS: _____ PHONE #: _____
Street City State Zip Code

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ AGE as of January 19, 2007: _____

EMERGENCY CONTACT NAME: _____ PHONE _____

I hereby give permission for my child to participate in the Raider Beginner Classic. It is understood that neither the Shaker Heights City Schools Board of Education nor any of heir agents, employees or tournament personnel are liable for any such injury that my child incurs. I accept full liability of any damage that may be caused by my child.

Signature of Wrestler: _____ Signature of Parent/Guardian: _____ Date: _____

Copy of Entry Form provided by www.OhioWrestler.com
with permission of Shaker Wrestling Club per Travis Cox

