

18TH ANNUAL WESTLAKE YOUTH WRESTLING TOURNAMENT

DATE: Saturday, November 18, 2006

PLACE: Westlake High School, 28730 Hilliard Blvd., Westlake, Ohio 44145

WEIGH INS: Weigh-ins will take place for the morning session from 6:45 am to 7:45 am the day of the tournament. Weigh-ins for the afternoon session will take place from 10:30 to 12:00 the day of the tournament. No Exceptions.

RULES: Modified high school rules, 10 pt. technical fall, double elimination, matches are two 1 ½ minute periods. 8 wrestlers per bracket. We reserve the right to combine weight classes.

AWARDS: First through fourth place.

ENTRY FEE: \$15.00 per wrestler. Walk-in registration accepted during weigh-ins. Please make check payable to Westlake High School. Send early registrations to Michael Coyne, 1991 Crocker Road, Suite 550, Westlake, Ohio 44145. Questions to Mike Coyne 440-835-0600 Extension 126.

ADMISSION: \$3.00 for Adults; \$2.00 for students; Senior Citizens and Children under 6 are free.

CONCESSIONS: Will be available throughout the day.

WEIGHT CLASSES - DIVISIONS - STARTING TIMES

(Age as of 11/18/06, birth certificates must be available at the tournament in case of age challenge.)

It is necessary for wrestlers to check in before each session.

SESSION 1 - BEGINS AT 9:00 a.m. Bantam (8 and under) Junior (11 and 12)

SESSION 2 - BEGINS AT 1:00 p.m. Cadet (9 and 10) Prep (13 and 14)

Weight classes will be determined the day of the tournament by grouping according to actual weight of entered wrestlers.

REGISTRATION/ PARENT PERMISSION FORM

NAME: _____ AGE: _____ BIRTH DATE: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE NUMBER: _____ DIVISION: _____

TEAM: _____ COACH: _____

I hereby give my permission for my child to participate in the 18th Annual Westlake Youth Wrestling Tournament. I understand that neither the Westlake Board of Education nor any of its agents, employees, or tournament personnel are liable for any injury which my child may incur while participating in this tournament. I accept full liability for any damage which may be caused by my child.

PARENT'S SIGNATURE: _____ DATE: _____

WRESTLER'S SIGNATURE: _____

(To be completed at weigh-in/registration)

Actual Weight: _____ Weight Class: _____ Paid: _____

