

12th Annual Robert Ihrig Youth Wrestling Tournament

Cobleskill-Richmondville HS



6 MAN ROUND ROBIN TOURNAMENT

(Pre-Registration Required - First 300 Wrestlers)

QUALIFIER FOR OHIO TOURNAMENT OF CHAMPIONS AND EASTERN NATIONALS

- Date:** Sunday, February 5th, 2012
- Location:** Cobleskill-Richmondville High School, 1353 State Rt.7, Richmondville NY 12149
- Weigh-Ins:** Saturday, February 4th 6:00 - 7:00 PM (All Divisions) or Sunday February 5th
Sunday, February 5th 7:00 - 8:30 AM Div I, II, III and 10:30 -11:30 AM Div IV & V
Any wrestler exceeding his/her pre-registered weight by more than 1lb will be disqualified from the tournament and no refunds will be issued. NO EXCEPTIONS!!
- Divisions & Schedule:**
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|-----------------------------------|--|
| Division I (ages 6 & under) | Division IV (ages 11-12) |
| Division II (ages 7-8) | Division V (ages 13-14) |
| Division III (ages 9-10) | <u>WRESTLING BEGINS at 12:30 or upon</u> |
| <u>WRESTLING BEGINS at 9:00am</u> | <u>completion of Div I, II & III</u> |
- Entry Fee:** \$20.00 (\$25.00 for returned checks)
- Registration:** Pre-Registration required by February 2nd - NO WALK-INS - NO REFUNDS
- Payment:** Make checks payable to CRY Youth Sports
Send to: CRY SPORTS 660 Hubb Shutts Rd. Cobleskill, NY 12043
- Referees:** Certified referees for all matches.
- Awards:** Champion T-shirt and Chart. Trophies for 1st-3rd in Div. I, II & III
Medals for 1st-3rd Div. IV & V. Participation ribbons for all.
- Rules:** NYS Modified/High School - wrestlers may pay to wrestle in two divisions (not responsible for missed matches or rest time between division matches). Periods are 1 min each.
* 6 Man round robin where possible (weights may be combined up to 12%)
* Skin Check at Weigh-Ins (Doctor note required if visible rash exists)
- Admission:** Adults \$2 - Students \$1 - Children 10 and under free (No unattended children please!)
- Refreshments:** Breakfast, lunch, snacks and beverages will be available in the cafeteria all day.
- Information:** Ed Pietrowski - 518-234-4838 or e-mail pietrowskie@hotmail.com. Day of tournament - 518-657-9670
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Name: _____ Division: _____ Actual Weight: _____
Address/Town: _____ State: _____ Zip Code: _____
Phone: _____ Age on 2/5/12: _____ DOB: _____ School/Club: _____

In consideration of this entry being accepted, I hereby for my child and myself, waive and release any and all rights and claims for damages or injuries against the CRY Sports Organization, Cobleskill-Richmondville School District, its agents, representatives and assignees for any and all injuries suffered by my child or myself at said tournament at CR High School on February 5, 2012. I also understand that wrestling is a contact sport and injuries may result from participation in wrestling.

Parent/Guardian Signature: _____

Date: _____