The Canfield Youth Open



Saturday, January 2, 2010

An OhioWrestler.com TOP 20 Point Scoring Event

Please Note: This tournament contains both an "Open" Youth Division and a "Rookie" Youth Division (for 1st & 2nd year wrestlers). If you began wrestling before Oct. 1, 2008, you are not eligible for the "Rookie" Division and must compete in the "Open" Youth Division. Results for "Open" Division of this tournament will be recorded for the Top 20 Standings on www.OhioWrestler.com. We will start on time for all sessions!

Tournament Location: Canfield Middle School, 42 Wadsworth Street, Canfield, OH

| AGE GROUP | WEIGHT CLASSES | WEIGH-IN S' | TART TIME |
|-----------------------|---|-----------------|------------|
| 5-6 Open | 40,45,50,55,60,70,Hwt | 6:30- 8:00 a.m. | 9:00 a.m. |
| 7-8 Open | 45,50,55,60,65,70,75,85,Hwt | 6:30-11:00 a.m. | 12:30 p.m. |
| 9-10 Open | 55,60,65,70,75,80,86,93,100,115,Hwt | 6:30-11:00 a.m. | 12:30 p.m. |
| 11-12 Open | 65,70,75,80,85,92,100,110,125,140, Hwt | 6:30-11:00 a.m. | 12:30 p.m. |
| 13-15 Open (No H.S.!) | 80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt | 6:30-8:00 a.m. | 9:00 a.m. |

"ROOKIE" DIVISION TOURNAMENT (FIRST AND SECOND YEAR WRESTLERS)

| AGE GROUP | WEIGHT CLASSES | WEIGH-IN | START TIME |
|--------------|--|----------------|-------------------|
| 7-8 ROOKIE | 45,50,55,60,65,70,75,85,Hwt | 6:30-8:00 a.m. | 9:00 a.m. |
| 9-10 ROOKIE | 55,60,65,70,75,80,86,93,100,115,Hwt | 6:30-8:00 a.m. | 9:00 a.m. |
| 11-12 ROOKIE | 65,70,75,80,85,92,100,110,125,140, Hwt | 6:30-8:00 a.m. | 9:00 a.m. |

Awards: Open Division: 5-6, 7-8, 9-10, and 11-12. Top three place finishers receive deluxe trophies. 13-15 age group: Top Three place finishers receive medals. Rookie Divisions: Top three finishers receive medals.

Entry Fee: \$20, at the time of weigh-ins. No pre-registrations.

Rules: Modified Scholastic Rules will be used for all divisions. Sudden death overtime will be used in case of a tie. Double Elimination. Tournament Director reserves the right to combine weight classes upon need.

Concessions: Available all day, including a Full Breakfast.

Contact Information: Dean Conley: 330-533-7089 deanconley@sbcglobal.net

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administers, waive and release the Conley Wrestling Team, Conley High School, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

| NAME | | | | |
|--|---|---------------|-----|--|
| ADDRESS | CITY | STATE | ZIP | |
| EMAIL | CLUB or SCHOOL | | | |
| AGE GROUP | 2008-2009 RECORD (IF KNOWN) | | | |
| BIRTHDATE | | | | |
| Age Group Classification: A wrestler's age | e on January 2 nd will determine his or he | er age group. | | |
| SIGNATURE OF ATHLETE | DA ⁻ | TE | | |
| SIGNATURE OF PARENT | DA | TE | | |
| | | | | |

