

# 1<sup>st</sup> Annual Mount Union Memorial Round Robin Wrestling Tournament

**When:** Sat. Dec. 29, 2018 Split start time. Session 1 - 9:00 am for ages 6&U, 7-8, and 9-10. Session 2 - 1:00 pm for 11-12, and JH

**Where:** Mount Union Area High School 706 N. Shaver Street Mount Union, PA 17066

**Entry fee:** \$25.00 checks payable to "Mount Union Wrestling Club", must accompany application

**Mail entries to:** Dennis Drake 14604 Brook Wood Dr. Mount Union, PA 17066

**Deadline:** Applications must be received by Wed. Dec. 26. No phone-ins, no faxes. Walk-ins Friday night only. Seeding of brackets done Friday night.

**Admissions:** \$5.00 for adults, \$2.00 for senior citizens (65+) and students, kids not in school yet = free.

**Age & weight:** 6&U, 7-8, 9-10, 11-12, Jr. High (NO Varsity/JV experience). 4/5-man brackets as much as possible based on experience and record. Wrestlers may compete in only one weight grouping and one age division. Any challenges of age will require challenger to provide proof of age as well as the challenged.

**Weigh-ins:** Sessions 1 and 2: Fri. Dec. 28<sup>th</sup>, 2018 7:00 - 9:00 pm in the Wrestling Room, or Sat. Dec. 29<sup>th</sup>, 7:00 am - 8:00 am. Session 2 *ONLY* weigh-in Sat. Dec. 29<sup>th</sup> 11:00 am - 12:00 noon.

**Awards:** Trophy for 1st, medals for 2<sup>nd</sup> thru 4<sup>th</sup> or 5<sup>th</sup> (depending on size of bracket). Championship belt awarded to outstanding wrestler in each age division.

**Food:** A concession stand will be available all day. No food or drink is allowed inside the gymnasium. Water, only will be allowed inside the gym.

**Officials:** PIAA certified officials will be used on all mats.

**Bout length:** 1-1-1 for all ages 12 and under, 1-1.5-1.5 for JH. OT of 1 minute, then 30 second ride-out if needed.

**Determination of final individual places:** #1 - record, #2 - head to head, #3 - total # of pins, #4 - fastest pin, #5 - most nearfalls, #6 - most takedowns.

For more information call - Dennis Drake @ 814-599-5981

## **ONLINE REGISTRATION (CLICK HERE)**

Wrestlers name: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Weight: \_\_\_\_\_ Yrs. Exp.: \_\_\_\_\_ 2017-'18 Record: \_\_\_\_\_

Address: \_\_\_\_\_ City/St./

Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

In consideration of your acceptance of the entries listed above, and having full knowledge that injuries are a part of participation in sports, I hereby release the Mount Union Area School District, the Mount Union Wrestling Club, and all of the officials, coaches and administrators of afore mentioned organizations from any claims, liabilities, or rights to damage for any injuries or losses suffered by me directly or indirectly in traveling to or from the Tournament, or as a result of spectating or participation in the Tournament.

Parent Signature: \_\_\_\_\_