5th Annual Tommy Lynch Memorial Round Robin

Saturday, February 16, 2019

Delaware Valley High School – 256 Routes 6 & 209, Milford, PA

Check In: 7:30-8:15 **Skin/Nail Check**: 8:45 **Wrestling Begins**: 9:00 am

Admission

$ 5.00 Adult (Coach) / $2.00 Student (Children under 5 FREE)

Registration

No Walk-Ons. Registration will be limited and registration will be taken on a first come, first serve basis. Please register early! **Registration should be postmarked by February 8, 2019**

Food will be served all day in our cafeteria

Age Divisions (Age on Day of Tournament)

Pee-Wee	6 & Under
Bantam	7 & 8
Midget	9 & 10
Intermediate	11 & 12 (No JH or Modified Experience)
Junior High	7th & 8th grade (No JV or Varsity Experience)

Weigh-In

There will be no weigh-in. We will use the honor system for weight and age. Please have birth certificate available if challenged. Weight challenges will be at the discretion of the tournament director.

Weight Classes

Madison-style bracketing. Wrestlers will be placed in a bracket based on actual weight. Groups will range from 3-6 wrestlers dependent upon registrations received. Effort will be made to place wrestlers together with comparable experience levels and/or years of experience.

Bouts

1-1-1 (Pee-Wee, Bantam, Midget, Intermediate) 1:30-1:30-1:30 (Junior High)

Overtime will follow PIAA rules

Awards

Medals will be awarded to the 1st, 2nd, & 3rd place finishers

Entry Fee

$ 25.00

ONLINE REGISTRATION (CLICK HERE)

5th Annual Tommy Lynch Memorial Round Robin **February 16, 2019**

Wrestler's Name _____ **Team** _____

Address _____ **City, State** _____

Age _____ **Age Division** _____ **Actual Weight** _____ **Years Experience** _____

Telephone / E-mail _____

I hereby give my child permission to wrestle in the Tommy Lynch Memorial Round Robin and hereby waive/release Warrior Junior Wrestling Club , Delaware Valley School District and all other sponsoring bodies, their officers, directors, committees, volunteers, and referees from all liabilities/claims for damages while competing in or travelling to/from said tournament. I also acknowledge that my child is covered by a major medical insurance plan.

Parent / Guardian Signature _____ Date _____