

# HAMBURG AREA ROUND ROBIN TOURNAMENT 2019

GRADES K-8 (JUNIOR HIGH INCLUDED!)

ROUND ROBIN

HONOR WEIGH-IN

PRE-REGISTRATION ONLY

**DATE:** SUNDAY JANUARY 20<sup>TH</sup> (THE DAY BEFORE MARTIN LUTHER KING DAY)

**TIME:** DOORS OPEN AT **8AM**, WRESTLING BEGINS FOR ALL DIVISIONS AT **9AM** (WRESTLERS LATE TO MAT SIDE WILL FORFEIT MISSED MATCHES)

**DIRECTIONS:** HAMBURG AREA HIGH SCHOOL, 711 WINDSOR STREET, HAMBURG, PA 19526. FROM US ROUTE 78 TAKE EXIT 30 TOWARD HAMBURG, TURN RIGHT ON NORTH 4<sup>TH</sup> ST., GO .9 MILES AND TURN LEFT ON WINDSOR STREET, THE SCHOOL WILL BE ON YOUR LEFT AFTER .2 MILES. FROM THE SOUTH TAKE ROUTE 61 NORTH TO THE HAMBURG EXIT, STAY ON SOUTH 4<sup>TH</sup> ST. AND TAKE A RIGHT ON WINDSOR STREET.

**AGE DIVISIONS:** AGE ON TOURNAMENT DATE. **PEE WEE:** 5 & 6, **BANTAM** 7 & 8, **MIDGET** 9 & 10, **JUNIOR** 11 & 12 (**6<sup>TH</sup> GRADE AND UNDER**) **JUNIOR HIGH** 7<sup>TH</sup> AND 8<sup>TH</sup> GRADE

**WEIGHT CLASSES:** HONOR WEIGH-IN. EACH AGE DIVISION WILL BE SORTED BY ACTUAL WEIGHT AND PLACED IN GROUPS OF FIVE. SOME GROUPS MAY HAVE 4 OR 6 DEPENDING ON TURNOUT.

**CHALLENGES:** HONOR SYSTEM FOR AGE AND WEIGHT. CHALLENGES WILL BE AT THE DISCRETION OF THE TOURNAMENT DIRECTOR. MUST BE WITHIN 2 LBS. RANDOM WEIGHT CHECKS MAY BE CONDUCTED, COPY OF BIRTH CERTIFICATE REQUIRED FOR ALL CHALLENGES.

**BOUTS:** 1 MINUTE PERIODS, OVERTIME IS THE CURRENT PIAA OVERTIME

**RULES:** ROUND ROBIN, MADISON STYLE BRACKETING. HONOR WEIGH-IN. (**5 - 6**) FULL SIZED MATS MODIFIED PIAA RULES. NO WALK-ONS. NO REFUNDS. **\*\*ONLINE REGISTRATION AVAILABLE\*\***

**AWARDS:** TROPHIES FOR 1<sup>ST</sup> THROUGH 3<sup>RD</sup> **ADMISSION:** ADULTS/COACHES \$5 STUDENTS \$3

**ENTRY FEE:** \$25 -PAYABLE TO HAWKS MAT CLUB: **POST MARK REGISTRATION BY JANUARY 11<sup>TH</sup> ON LINE REGISTRATION ENTRIES (PYWRESTLING) OPEN TILL WEDNESDAY JANUARY 16<sup>TH</sup> MIDNIGHT.**

## ONLINE REGISTRATION (CLICK HERE)

**MAIL TO:** RICK MASON SR.(**HAWKS MAT CLUB**) 507 HILLSIDE COURT, HAMBURG, PA 19526, ANY QUESTIONS CALL (484) 660-3045

NAME: \_\_\_\_\_ TEAM: \_\_\_\_\_

AGE DIVISION: \_\_\_\_\_ ACTUAL WEIGHT: \_\_\_\_\_ COACH INITIAL WEIGHT \_\_\_\_\_

AGE ON DAY OF TOURNAMENT: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GRADE: \_\_\_\_\_

EXPERIENCE/PAST HONORS (REQUIRED): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT THE PARTICIPANT IS COVERED BY EITHER SCHOOL INSURANCE OR A FAMILY HEALTH PLAN. I HEREBY RELEASE HAMBURG MAT CLUB, ITS OFFICIALS, TOURNAMENT DIRECTOR, TOURNAMENT COMMITTEE AND OFFICIALS, HAMBURG COACHES AND THE HAMBURG AREA SCHOOL DISTRICT FROM LIABILITY FOR INJURY OR LOSS SUFFERED BY ME OR MY WRESTLER DIRECTLY OR INDIRECTLY AS A RESULT OF THIS TOURNAMENT.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_