



# 21<sup>st</sup> Annual

## “Casey Spang Memorial Wrestling Tournament”

*January 26, 2019*

*Wellsboro, PA New High School Gym*

- Time:** Wrestling Begins @ 9:00 a.m. with continuous wrestling to follow.
- Entry Fee:** \$25.00 per wrestler, first 250 entrants. No walk-in entrants accepted
- Format:** 6 man Round Robin with PIAA officials. Rules: PIAA Modified  
Bout length (1-1-1) OT (1-1) Singlet required/ Headgear optional
- Weigh In:** Certified by club official at your home practice. All entrants subject to random weight checks at tournament.
- Age Divisions:** 6 & under      7 & 8      9 & 10      11 & 12  
Age as of the day of tournament, Copy of birth certificate required if age is contested. No JR High or JV experience.
- Awards:** Trophies for 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup>  
Team trophy for 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> 10-man team roster due by 9:00 a.m.
- Admission:** \$5.00 adults, \$ 2.00 students, under 5 free
- Refreshments:** Concession stand open all day, breakfast, lunch and snack menu.
- Registration Deadline: January 24, 2019 No Exceptions**

# ONLINE REGISTRATION (CLICK HERE)

Wrestlers' Name \_\_\_\_\_ Team or School \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Age Division: circle one    6&U    7&8    9&10    11 & 12    Age \_\_\_\_\_    DOB \_\_\_\_\_

Actual Weight by Club Official \_\_\_\_\_ Experience: 1<sup>st</sup> yr. 2<sup>nd</sup> yr. 3<sup>rd</sup> yr. Advanced

Phone: (\_\_\_\_\_) \_\_\_\_\_ last year's record \_\_\_\_\_

I/We understand that wrestling is a contact sport and that there is risk of injury to the participants. I/We certify that my child is physically fit to enter this contest and that my child is not under the care of a physician for any pre existing conditions that may prohibit his/her participation in the sport of wrestling. **I/We accept full responsibility for any medical costs incurred - in the event that my child needs medical attention due to injuries sustained while participating in this event.** I hereby absolve, release and indemnify the Wellsboro Dept. of Parks and Recreation, the Wellsboro Area School District and any and all sponsors, tournament officials/ tournament personnel.

Signature of legal parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Return Form w/payment to:

**Wellsboro Parks & Recreation Dept., 227 Nichols St. Wellsboro, PA 16901**

Make checks payable to Wellsboro Parks & Recreation

Questions call Matt Greene 570-404-6909 or Catherine Winters 570-419-4475