

2017 Western Maryland Spring Wrestling Classic

Fort Hill High School, Cumberland, MD

March 18, 2017

<u>Division</u>	<u>Grade</u>	<u>Length of Bouts</u>	<u>Weight Classification</u>
Bantam	1, 2, & 3	1-1-1	45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95, UNL
Intermediate	4, 5, & 6	1-1-1	55, 65, 70, 75, 80, 85, 90, 95, 100, 105, 115, 125, 135, 145, UNL
Junior	7, 8, & 9	1-1-1	80, 85, 90, 95, 100, 105, 115, 125, 135, 145, 155, 170, 190, UNL
Senior	10, 11, & 12	1-1-1	106, 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220, UNL
Open	Any Age	1-1-1	130, 140, 150, 160, 170, 180, 190, 215, UNL

TIMES: Weigh ins is from 7:00 - 8:30AM. Wrestling will begin 4 Mats at 10:00AM.

FEES: Advanced registration fee is \$16.00, due by **March 14, 2017**. After **March 14, 2017** – registration fee is \$20.00. Make Checks payable to **Fort Hill Wrestling Club**.
Mail to:

Fort Hill Wrestling Club
215 National Hwy.
LaVale, MD 21502

- Tournament admission will be \$6.00 for adults, \$3.00 for students. Children under school age are free.
- (1) Coaching Pass with (10) paid entries.

RULES:

- Scholastic style, Double Elimination
- Head Gear is optional.
- A sudden death overtime will be used for all age groups.
- Any Weight class with Three participants will be wrestled as a round robin wrestle-off
- Weight Classes with less than 3 may be combined at the Tournament Director's discretion.
- Only 2 people per corner, **EVERYONE ELSE MUST REMAIN IN THE STANDS!**
- Bad conduct by anyone in attendance will not be tolerated and may result in removal from the premises by the Tournament Director or Referee without refund!**

AWARDS: Medals will be awarded for 1st, 2nd, and 3rd place finishers will receive medals

FOOD: Meals and Refreshments will be served all day.

****For more information on this event, call Bernie Nichols at (301) 697-5441, e-mail at bnichols@timbrook.com

Return this portion with your entry fee, PLEASE PRINT
WESTERN MD. SPRING CLASSIC

Entry Form

Division (circle one): Bantam Intermediate Junior Senior Open **Weight Class:** _____

Name: _____ **Birth Date:** _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Club: _____ **Email:** _____

We, the parents (or participant if 18 or Older) of _____ assume full responsibility for our son in the case of any injuries he/she/I may incur during the 2017 Western MD Spring Classic or while traveling to or from it. Also, in submitting this application, we give our child permission to wrestle in the tournament, and release all sponsoring bodies, their officers, tournament officials, committees, and coaches for any injuries and loses he may receive as a result of participating in or traveling to and from this tournament. I also understand that a Trainer **WILL NOT** be provided.

PARENT SIGNATURE _____ DATE _____