

OHIO WARRIORS YOUTH WRESTLING

PRESENTS

OHIO'S "BEST" OPEN TOURNAMENT

SUNDAY NOVEMBER 26TH 2017

IN THE DOME AT WALSH JESUIT HIGH SCHOOL

Custom medals to the top 4 in each weight class

1st Place team trophy

Tournament will be run by "Sikora Software"

Location: Walsh Jesuit High School 4550 Wyoga Lake Rd. Cuyahoga Falls, OH 44224

<u>AGE GROUP</u>	<u>Weight Classes</u>	<u>Weigh-In</u>	<u>Start</u>
DIV I 2011-Later	37,40,45,50,55,60,65,70,HWT	7:30-9:00AM	10:00AM
DIV II 2009-2010	43,46,50,55,60,65,70,75,85,HWT	7:30-9:00AM	10:00AM
DIV III 2007-2008	52,56,60,65,70,75,80,85,93,100,115,HWT	7:30-9:00AM	10:00AM
DIV IV 2005-2006	60,65,70,75,80,86,92,100,110,120,130,140,HWT	7:30-9:00AM	10:00AM

Entry fee **\$20.00** per wrestler at time of weigh-ins.

Discounts for Pre-Registrations and teams with 10 or more wrestlers

Pre-register at: d5registration/opentourneys/default.aspx

Make checks payable to **Ohio Warriors Youth Wrestling**.

Rules: We will follow OAC State Rules : 3 – 1½ minute periods

Concessions served all day

Contact Info: Shaun Tompkins cell: (330) 283-6742, email: mr.mrstompkins@yahoo.com

WAIVER

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Walsh High School and Ohio Youth Warriors, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

WRESTLER'S NAME (PRINT LEGIBLY) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ CLUB OR SCHOOL _____

AGE GROUP _____ DATE OF BIRTH _____

Age Group Classification: A wrestler's age on day of tournament will determine his or her age group.

Signature of Athlete _____ DATE _____

Signature of Parent / Legal Guardian _____ DATE _____

