

12th Annual Jeremy Ammons Memorial Youth Wrestling Tournament

Now at the HIGH SCHOOL

Tournament will be ran on 4 or 5 FULL mats!!!

Licensed Officials!!!

Team Competition!!!

Sunday, January 15th, 2017

Highland High School

1300 State Route 314, Marengo, OH 43334

Ages/Weights:

Division 1	6-under	*Weight classes will be determined day of tournament.
Division 2	7 – 8	45, 50, 55, 58, 61, 65, 70, 75, 85, HWT
Division 3	9 - 10	55, 60, 65, 68, 71, 75, 80, 85, 95, 110, 130, HWT
Division 4	11 - 13*	65, 70, 75, 80, 85, 90, 95, 100, 110, 120, 130, 140, HWT

- **We reserve the right to combine weight classes as needed.**

- * **Student must have been 12 when this school year began.**

Match Length: All divisions will have 3, 1:30 periods.

Awards: Medals for 1st, 2nd, 3rd, and 4th place finishers. Trophies for top 2 teams. Coaches must enter team list Sunday morning before wrestling begins (Up to 15 wrestlers). Team scoring as follows: 1st place finisher = 10 pts, 2nd place finisher = 5 pts, 3rd place finisher = 3 pts, 4th place finisher = 1.

Brackets: Pools for weights with 4 or less. 5 or more will be placed in brackets. **4-5 FULL MATS will be used.**

Start Times: All divisions will start at 10 AM. The high school doors open at 9:00 am for those who weighed-in on Saturday to check-in.

WE MOVE FAST!!!

Weigh-ins: Saturday, January 14th from 11:00-2:00pm, and Sunday, January 15th from 7:00-8:30am at the high school.

Rules: All divisions will have coin flip for choice for the second and third periods. 12 Point Technical Fall. Overtime will be 1 minute sudden victory starting in neutral position, followed by a 30 second ride out tie breaker.

Food: All day concession stand. **NO COOLERS. CROCK POTS PROHIBITED.**

***Singlets not mandatory** (Shorts & t-shirts tucked in are fine. Headgear recommended, but optional.)

***Birth certificate and/or class schedule must be shown if age is challenged!**

Costs: \$3.00 Adults \$1.00 Students

Entry Fee: \$15 for Saturday afternoon weigh-ins, \$20 for Sunday morning weigh-ins.

Please make checks payable to: **Highland High School** (memo- Highland Youth Wrestling Tournament)

Questions: Contact Adam Gilmore at: adam_gilmore@hlsd.us or call at **614-204-0726**.

(Return this portion with Entry Fee)

In consideration of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors and administrators, waive and release the Highland Local School District Board of Education, Highland Middle School, Highland Athletic Booster Club, representatives, committee members from any and all claims of right to damages for injuries suffered by me directly or indirectly in traveling to and competing in the Highland Youth Wrestling Tournament.

Name of Athlete (Please Print) _____ School/Club _____

Address _____ City _____ ZIP _____

Phone _____ Grade _____ Age _____ Birth Date ____/____/____

Signature of Parent/Guardian _____ Date ____/____/____

***To be filled out at Weigh Ins:** Actual Weight: _____ Division: _____ Weight Class: _____