

The 3rd Annual Shelby Youth Wrestling Classic

Saturday, January 23, 2016

This is an open tournament in which anyone may compete! However, there will also be a team race. The top three teams will be awarded team trophies, including a beautiful 60-inch trophy to the team champions! All place-winners (Rookie & Open) will score points for the State Rankings at www.ohiotournaments.com. We will start on time and run quickly for all sessions!

Tournament Location: Shelby High School, 109 W. Smiley Avenue, Shelby, Ohio.

AGE GROUP	WEIGHT CLASSES	WEIGH-IN	START TIME
7-8 Open	45,50,55,60,65,70,75,85,Hwt	7:30-12:00 p.m.	1:00 p.m.
9-10 Open	55,60,65,70,75,80,86,93,100,115,Hwt	7:30-12:00 p.m.	1:00 p.m.
11-12 Open	65,70,75,80,85,92,100,110,120,130,140, Hwt	7:30-12:00 p.m.	1:00 p.m.
13-15 Open	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt	7:30-9:00 a.m.	10:00 a.m.

“ROOKIE” DIVISION TOURNAMENT (FIRST AND SECOND YEAR WRESTLERS)

AGE GROUP	WEIGHT CLASSES	WEIGH-IN	START TIME
5-6 ROOKIE	40,45,50,55,60,70,Hwt	7:30-9:00 a.m.	10:00 a.m.
7-8 ROOKIE	45,50,55,60,65,70,75,85,Hwt	7:30-9:00 a.m.	10:00 a.m.
9-10 ROOKIE	55,60,65,70,75,80,86,93,100,115,Hwt	7:30-9:00 a.m.	10:00 a.m.
11-12 ROOKIE	65,70,75,80,85,92,100,110,120,130,140,Hwt	7:30-9:00 a.m.	10:00 a.m.

Awards: Open Division: Top three place finishers 7-12 receive deluxe trophies. Rookie Divisions: Top three finishers receive medals. 13-15 Division: Top three place finishers receive medals.

Team Award: The top three teams will receive a team trophy, including a 60-inch trophy which will be awarded to the team champion! Team Points will be awarded for placement in the Rookie and Open Divisions. Check out our individual and team awards here: <http://imgur.com/a/cF7Ww>

Entry Fee: \$20, at the time of weigh-ins. No pre-registrations.

Rules: Modified Scholastic Rules will be used for all divisions. All periods start neutral. All re-starts are neutral. Tournament Director reserves the right to combine weight classes upon need. Only Certified Officials will be used.

Concessions: Served all day, including a full breakfast.

Contact Information: Ryan Shafer: 330-327-0045 Email: shafer.ryan@shelbyk12.org

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 Shelby Wrestling Team, Shelby High School, 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** _____

E-MAIL _____ **AGE GROUP** _____ **Club or School** _____

BIRTHDATE: _____ **Age Group Classification:** Wrestler's age day of tournament will determine his or her age group.

SIGNATURE OF ATHLETE _____ **DATE** _____

SIGNATURE OF PARENT _____ **DATE** _____

