

Watertown Winter War Games

Watertown Cyclone Wrestling Club

Ohio Tournament of Champions Qualifier TOP 100 Tournament



DATE: Sunday, February 10, 2018 Case Middle School Gymnasium, 1237 Washington Street, Watertown, NY 13601 LOCATION: WEIGH INS: All Divisions Saturday, February 9th - 6:00 - 8:00 pm, Sunday, February 10th - 7:00 - 8:00 am for Divisions 1, 2 & 5 and 10:30 - 11:30 a.m. for Divisions 3 & 4. Any wrestler exceeding preregistered weight by more than 1 lb will be disqualified from the tournament and no refunds. **DIVISIONS:** Division 1 (ages 6 and under) Criteria to Determine Place Finish: Division 2 (ages 7-8) * Win/Loss Record * Head to Head Winner **SCHEDULE** Division 3 (ages 9-10) * Number of Pins * Total Takedowns Division 4 (ages 11-12) * Coin Toss Division 5 (ages 13 – 15) Div. 1, 2 & 5 - Wrestling Begins: 9:00 am & Div. 3 & 4 - Wrestling Begins: Approx. 12:30 pm **ENTRY FEE:** \$30.00 for all wrestlers. (\$30.00 fee for returned checks) REGISTRATION: Pre-Registration & Payment Required by Wednesday, February 7th No Walk Ins - No Refunds Make Checks Payable to: Cyclone Wrestling Club PAYMENT TO: SEND TO: Peter Clough, 26773 Lafave Road, Watertown, NY 13601 AWARDS: 1st Place Champion T-shirt. Large 5" Gold, Silver & Bronze Medals for 1st-3rd. Participation Medals for 4th-6th. **MOW Awards for each division.** Photos will be taken on a Championship Podium. Team trophies for 1st, 2nd & 3rd RULES: N.Y.S Modified, High School – Wrestlers are limited to one Division. * 5 or 6 man Round Robin where possible (Weights can be combined up to 12%) * Bout Length 1, 1, 1. No Varsity or JV Experience Allowed. * All participants must have a current NYWAY membership. Participants are encouraged to visit the NYWAY website www.nyway.org to obtain their membership. ADMISSION FEE: Adults-\$3.00, Students-\$1.00, 5 and under-Free, All Coaches Must Pay REFRESHMENTS: Breakfast, lunch, snacks, and drinks will be available in the cafeteria. INFORMATION: For more information, please contact: Peter Clough – (315) 771-0143 or email: peter clough 13601@yahoo.com, -----PLEASE MAIL CHECK AND FORM BELOW ONLY------PLEASE MAIL CHECK AND FORM BELOW ONLY Name: _____ Division: ____ Actual Weight: ____ School/Club: ____

I hereby release Watertown City School District and Cyclone Wrestling Club and the tournament officials from any and all claims, liabilities, and/or losses by me directly or indirectly in training for, traveling to or from, and/or participating in the Watertwon Winter War Games. I have insurance coverage for this wrestler. I will pay for any property damage which I or my wrestlers have willfully caused.

Age on 2/10/2019: Yrs Wrestled and 2018 Record Top 100:

Parent/Guardian Signature: Date: