

# SEASONS' BEATINGS

## In memory of Ethan Slaybaugh

### Biglerville 30th Annual Holiday Tournament

Sunday, December 19<sup>th</sup> 2021

#### DOUBLE ELIMINATION TOURNAMENT

**Location:** Biglerville High School, 161 North Main Street, Biglerville, PA 17307  
Located 7 miles north of Gettysburg, PA on Rt. 34 (Parking at rear and as available in front lot)

**Weigh-ins:** Saturday, December 18<sup>th</sup> 6:00pm-8:00pm at the Biglerville High School Cafeteria. (No Walk-ins!)  
6u and 8u weigh in also Sunday 12/19 7-8am  
10u and 12u weigh in 12/19 10:30am-12pm

**Wrestling:** Split start times-Session 1: 6u & 8u will begin wrestling at 8:30am  
Session 2: 10u & 12u will begin at 12:30pm

**Entry Fee:** \$35.00 for on-line or pre-registered wrestlers. (Team rate available for 10 or more wrestlers)  
For team rate and registration, please email tournament director. [swhitmoyer.apm@gmail.com](mailto:swhitmoyer.apm@gmail.com)

#### (NO WALK-INS - NO REFUNDS)

**Registration Only:** at [www.pywrestling.com](http://www.pywrestling.com) (Look for Seasons Beatings Banner)  
Online Registration closes midnight, Saturday, December 18.  
(Limited to first 200 per session)  
*Double bracketing is permitted, however, matches will not be held and the wrestler cannot register twice in the same division.*

**Admission:** Adults (16 years old and up) ---- **\$5.00** (coaches pay),  
Students (6 years old and up) ---- **\$2.00**  
Toddlers (5 years old and under) ---- **Free**

**Awards:** Top 3 place winners will receive trophies

**Divisions & Weight Classes:** (Age as of the day of the tournament)

Pee Wee (6 & under): 40, 45, 50, 55, 60, 65, unl (85 lbs. max.)

Bantam (7&8): 45, 50, 55, 60, 65, 70, 75, 80, 85, 90, UNL (115 lbs. max.)

Midget (9 & 10): 55, 60, 65, 70, 75, 80, 85, 90, 95, 100, 110, UNL (150 lbs. max.)

Junior (11 & 12): 65, 70, 75, 80, 85, 90, 95, 100, 110, 120, 130, UNL (170 lbs. max.)

*(Weight Classes may be combined to ensure that there are at least 3 wrestlers per bracket.)*

**Rules:** PIAA modified (headgear optional), singlet is required. Skin checks by referees. Bouts 1-1-1 for all divisions. 'Sudden Death OT - Untimed'. Proof of age required if challenged (including challenger).

**Concession:** Concessions available all day.

**For More Information:** Text or call Shawn Whitmoyer 717-479-0636 or email [swhitmoyer.apm@gmail.com](mailto:swhitmoyer.apm@gmail.com)

# 2021 Holiday Tournament

## REGISTRATION FORM (For Biglerville Wrestlers Only)

\*\*\* Please verify that all online information is checked and correct prior to submitting online form \*\*\*

Participant Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Age: \_\_\_\_\_ (As of Dec. 19, 2021)

Division: \_\_\_\_\_ Weight Class: \_\_\_\_\_ Wrestling Club/School: \_\_\_\_\_

**If Double Bracketing:** Division: \_\_\_\_\_ (Cannot be same division as above) Weight Class: \_\_\_\_\_

Address of Wrestler: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### AGREEMENT:

I, the undersigned and as a legal parent/guardian for \_\_\_\_\_ (wrestler/participant), a minor, request that he/she be admitted to participate in the 2021 Biglerville Holiday Tournament as described herein. I do hereby agree to release, discharge and hold harmless the Biglerville Youth Wrestling Club (BYWC), Upper Adams School District (UASD), and all of its coaches, assistants, agents, directors, administration, and employees from all causes, liabilities, damages, or claims in the course of competition and/or activities held in connection with the tournament described herein.

I understand that in the event that my child is injured, he/she may be treated on site by a Doctor or certified EMT/Trainer until such a time when an emergency contact can be reached for further instruction (if required).

I understand that the wrestler/participant who does not abide by the rules and regulations promulgated by the tournament, or the Biglerville Wrestling Club, or the School District or the Booster Club is subject to discharge without reimbursement or recourse.

With the below signature, I accept all terms and conditions as outlined above.

Legal Parent or Guardian: \_\_\_\_\_  
(Print full name)

Signature of Legal Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_