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AMUSEMENT RIDES

GAMES

FREE FIREWORKS

SECTION FOUR WRESTLING OFFICIALS ASSOCIATION

CLINTON CLASH WRESTLING TOURNAMENT IN MEMORY OF GARY SEYMOUR

Youth, High School and Open Divisions**, Saturday May 25th 2024**

# Pre- REGISTRATIONS MUST BE RECEIVED NO LATER THAN Sat. May 18

**Pre-Registration fee = $25.00**. Must fill out registration form completely

REGISTRATIONS **Day of tournament $30 PER WRESTLER 7:30-8 AM**

**Wrestling to be held Gen. Clinton Park, under the big tent, Rt. 7 East, Bainbridge, NY 13733**

YOUTH RULES:

1. NYS High School Modified - Bout Length: 1 minute, 1 minute, 1 minute.

2. Round robin group of six - guaranteed five matches in group of six.

3. Singlet and headgear preferred (no loose clothing).

4. Sudden Death Overtime: All age groups (1 minute, then 30 seconds).

5. Wrestlers may compete in only one division and weight class.

6. Criteria for 1st, 2nd, 3rd and 4th places:

• 1st criteria: won/loss record **Check In to wrestle 7:30-8:30 A.M. at registration desk**

• 2nd criteria: head-to-head winner **No shows, will not receive any refund**

• 3rd criteria: # of pins **Wrestling starts 9:00 A.**M

• 4th criteria: total points

• 5th criteria: total takedowns

Age Groups: 6 & under, 7&8, 9&10, 11&12 13&14 7th, 8th or 9th graders that have competed on the Varsity or JV level **must** compete in the High School Division

HIGH SCHOOL DIVISON Takedown Tournament **Wrestling starts 9:00 A.**M

AGE AS of May 25th 2024 Proof of age required if contested and agreed upon by the tournament director. Each weight class is made up of 3 to 5 wrestlers, whose ACTUAL weights are closest to each other, taking into account last year's record/past honors. Coaches must do their own weigh-ins and ACTUAL weight must be put on registration form. NOTE: Tournament director reserves the right to combine or eliminate weight classes.

**-** Awards **1ST, 2ND 3rd, 4th**

### Pre-registration COST $25.00 PER WRESTLER

Day of tournament $30 PER WRESTLER

**MAKE CHECKS PAYABLE TO: Section Four Wrestling Officials Assoc. (SFWOA)**

SEND TO: Jake Armstrong 113 Lakeview Terrace, Binghamton, NY 13904

MUST BE RECEIVED NO LATER THAN **Saturday May 18 post marked May 15th 2024**

**FURTHER INFORMATION CONTACT: Jake Armstrong 607 222 3586**

 Mike Wilcox 607-967 8501, wilcoxwrestling@Yahoo.com,

No shows, will not receive any refund

-------------------------------------------------WRESTLER ENTRY FORM------------------------------------------------------------

 NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH\_\_\_\_\_\_\_AGE\_\_\_\_\_

 Actual weight WGT\_\_\_\_\_ ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL OR CLUB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I HEREBY, FOR MY CHILD, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES

 I MAY HAVE AGAINST THE VILLAGE/TOWN OF BAINBRIDGE, THE SECTION FOUR WRESTLING OFFICIALS ASSOCIATION, IT’S AGENTS, REPRESENTATIVES, SUCCESSORS, THE GENERAL CLINTON CANOE REGATTA, BAINBRIDGE CHAMBER OF COMMERCE AND ASSIGNS FOR ANY AND ALL INJURIES SUFFERED BY MY CHILD AT SAID TOURNAMENT. I ALSO WILL TAKE ALL RESPONSIBILITY FOR ANY AND ALL DAMAGES DONE BY MY CHILD AT SAID TOURNAMENT. I ALSO UNDERSTAND THAT MY CHILD MUST BE COVERED BY A HEALTH/INJURY POLICY AS REQUIREMENT FOR PARTICIPATING IN THIS TOURNAMENT AND MY CHILD IS COVERED BY A HEALTH/INJURY INSURANCE POLICY.

If a minor PARENT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not a minor Wrestler’s SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_