

*Joshua Allen Memorial*  
Open MV YOUTH WRESTLING TOURNAMENT  
**Saturday, January 26th - 2013**  
MINISINK VALLEY MIDDLE SCHOOL  
Route 6, Slate Hill, New York (Building at back of complex)

GENERAL INFO:

1. Honor System-be honest when filling in the section on years of experience. NO high school varsity wrestlers
2. Registration limited to first 250 (**advance registration only**)
3. Every wrestler will get 3 matches weights permitting
4. Age determined as of January 1, 2013. You must be at least 5 years old and no older than 14 as of Jan 1st, 2013
5. Honor weigh ins; wrestlers must be within 3 lbs of registered weight if challenged. **Wrestling begins approximately 9:30am**
6. Wrestling will be 3 one-minute periods. Overtime 1, double OT:30
7. Tournament directors reserve the right to combine weight classes and ages where necessary. Due to experience, brackets will be made with novice wrestlers together and we will do our best to separate same club wrestlers.
8. Singlets optional- shorts, tee shirt and sneakers/wrestling shoes required, NO buttons, zippers or belts. **Headgear recommended**
9. Awards for 1st, 2nd and 3rd place, including 1 MOW for each age group.
10. Applications must be returned no later than Friday January 25th, 2013.
11. Registration fee: \$25 – Wrestlers can check in between 8:00am and 9:00 am
12. Admission: \$4.00 adults, \$1.00 kids (non wrestlers).
13. Food available all day
14. No USA/AAU Wrestling Card needed to wrestle.
15. We are not responsible for lost or stolen items.
16. We will have 5 wrestling surfaces.

Groupings will be as follows:

- Group 1 – 5 & 6 year olds
- Group 2 – 7 & 8 year olds
- Group 3 – 9 & 10 year olds
- Group 4 – 11 & 12 year olds
- Group 5 – 13 & 14 year olds

**Complete all information on entry form and include a copy of birth certificate. Enclose a check or money order made payable to: *MV Warrior Wrestling Booster Club* and mail to: Dan Gallo 103 Bergen Circle Slate Hill, NY 10973**  
Any Questions call Dan Gallo @ 845-697-5080 or email me @ [dgallo@minisink.com](mailto:dgallo@minisink.com) and I will get back to you asap.

**Registration Form**

Wrestler: Last Name \_\_\_\_\_ First \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age/Division \_\_\_\_\_ Weight \_\_\_\_\_

School/Club Affiliation \_\_\_\_\_ Experience (years) \_\_\_\_\_

In consideration of your acceptance of this application I give my child permission to enter this tournament at his/her own risk. I hereby release any and all claims I may have against the officials, referees, sponsors, Minisink Valley Warrior Wrestling Club, Minisink Valley Central School District and it's employees, and USA Wrestling from any liability for any discomforts, injuries, or losses suffered by my wrestler or by myself directly or indirectly as a result of traveling to and from, or competing in this tournament.

**Parents Signature** \_\_\_\_\_