

Muncy Elementary Wrestling
25th Annual Beginner's Tournament of Champions
Round-Robin

January 20, 2024

Muncy High School- 200 W. Penn St. Muncy, PA 17756

GRADES K – 6

ELIGIBILITY CRITERIA: This tournament is intended for novice/beginner wrestlers. Please be honest when you consider entering this tournament. This tournament is intended for 1st and 2nd year wrestlers who need encouragement.

REGISTRATION: *ONLINE REGISTRATION ONLY – CLOSING ON JAN. 17th, 2024 AT MIDNIGHT.*

CHECK IN: 7:30 AM - 8:30 AM- **NO WALK-INS.**

START TIME: 9:00 AM- wrestling begins in all divisions. Wrestlers late to mat side will forfeit match.

AGE DIVISIONS: Age on tournament date. Wrestlers may enter only one age division.
Pee Wee 5&6- Bantam 7&8- Midget 9&10- Junior 11&12- NO 7th Graders.

WEIGHT CLASS: Each age division will be sorted by actual weight and placed in groups of 5. Some groups may vary depending on turnout.

WEIGH IN: We will use the honor system for age and weights. Remember, this is a beginner's tournament with an emphasis on competition not victories, random weight checks may be conducted. Birth certificates required for age challenges.

BOUTS: 1 minute periods for all divisions. Overtime is 1 minute, 30 sec. ride out.

RULES: PIAA rules modified. Round Robin Format- Each wrestler will wrestle all wrestlers in their group. Online pre-registration only. No walk-ins. No refunds. No video replays.

AWARDS: **MEDALS & T-SHIRTS FOR ALL ENTRANTS.**

ADMISSION: Adults \$10 Students \$5

CONCESSIONS: Cafeteria will open at 7:30 AM and serve food all day.

ENTRY FEE: **\$35.00 – ONLINE REGISTRATION ONLY CLOSING ON JAN. 17, 2024 AT MIDNIGHT**

QUESTIONS: George Walters – Tournament Director

PHONE: 570-506-0039

EMAIL: muncyyouthwrestling@gmail.com

JANUARY 20, 2024

MUNCY BEGINNER'S TOURNAMENT

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|-----------------------|--------------|-----------------------------------|-----------|
| Wrestler's Name | Shirt Size | Wrestling Club or School District | Phone No. |
| (Youth) S M L (Adult) | S M L XL 2XL | | |

BIRTH DATE _____ AGE ON 1/20/24 _____ DIVISION _____ GRADE _____ WEIGHT _____

Address _____ City, State, Zip _____

Team _____ Last year's record: Wins _____ Losses _____ Years Experience (circle) **1 2**

I certify that the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release the tournament director, Muncy Wrestling Student Activities, its officials, tournament committee and officials, and Muncy School District from any liability for injury or loss suffered by me or my wrestler directly or indirectly as a result of this tournament.

Parent's signature _____ Date: _____