



WEST VIRGINIA YOUTH WRESTLING ASSOCIATION
REGION IV TOURNAMENT
Saturday, March 4, 2016

Held At Clay County High School
1 Panther Dr, Clay, WV 25043

A West Virginia Youth Wrestling Association Regional Tournament

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- Entries: \$20.00 - MAIL IN/PHONE/EMAIL/NO WALK INS Eligibility: Age as of 1/1/17
- Deadline: All entries must be received by Friday, February 24, 2017 @ 9 p.m.
- Questions: 304-332-9943 (Tim)
- Weigh Ins: March 4, 2017 at Clay County High School - 7:00 a.m. to 9:00 a.m.
- Awards: Awards 1st thru 4th Place (5th and 6th place wrestlers will wrestle for this place)
- Rules: Three (3) One (1) minute periods for all 12-U age divisions, scholastic rules apply with sudden death overtime. Double elimination. **Must make base weight with a 1 lb allowance in accordance with WYWA Rules.** If you do not make weight, you will not be permitted to move up a weight division. There will be no combining weight classes. No double entries.

Mail this portion to: Tim Casto P.O. Box 23, Widen WV 25211 OR
Email entries: outlawloggin@gmail.com

4-U	35, 40, 45, 50 and HWT (65 maximum)
6-U	40, 45, 50, 55, 60 and HWT (75 maximum)
7 & 8	45, 50, 55, 60, 65, 70, 75, 85, and HWT (120 maximum)
9 & 10	55, 60, 65, 70, 75, 80, 85, 90, 95, 105, 125, and HWT (160 maximum).
11 & 12	65, 70, 75, 80, 85, 90, 95, 100, 105, 115, 125, 135, 145, 160, and HWT (200 maximum)
Middle School	78, 84, 90, 95, 102, 110, 116, 123, 128, 135, 145, 155, 171, 190, and HWT (285 maximum) (No High School Students - all 7 th and 8 th graders must wrestle in Middle School Division. Weight allowance in accordance with WVSSAC Rules - 2 lbs - 1/2/2 min periods)

Name: _____ Team: _____

Address: _____ (Phone No.) _____

Date of Birth: _____ Age _____ Weight Class _____ Record _____ Years Wrestled _____

Qualifying Tournament: _____

Name of School you attend (if home school - residence address): _____

By signing below, I release all sponsoring bodies, WYWA, the Region, the host club, and their Officials from any and all legal claims or rights to damages or injuries or losses suffered by my child or myself while participating in this event. I further certify that I have made base weight at the Tournament listed above and that I am a resident of the Region in which I am participating in.

Signature of Parent or Guardian _____ Date: _____

If your child places in the top 4, your child qualifies for the WYWA State Championship. You will be asked if you are attending the WYWA State Championship that day and your entry fee (\$25.00) will be collected at the Region Tournament at the time your child receives his/her medal.