

The 13th Annual Boardman Kickoff Classic

Sunday, October 13th, 2019

This tournament has been a corner stone of preseason competition for over a decade, with eight states represented in 2018. This event is for wrestlers of all ages. Note: No pre-registration is necessary for this event, just arrive during the weigh-in times listed below. We will start on time for all sessions and run quickly!

Location: Boardman High School, 7777 Glenwood Avenue, Boardman, Ohio.

<u>Age Group:</u>	<u>Weigh-In Time</u>	<u>Wrestling Begins</u>
Division I: 2013-2014	7:30-9:00 a.m.	10:00 a.m.
Division II: 2011-2012	7:30-9:00 a.m.	10:00 a.m.
Division III: 2009-2010	7:30-9:00 a.m.	10:00 a.m.
Division IV: 2007-2008	7:30-9:00 a.m.	10:00 a.m.
Middle School:	7:30-12:00 p.m.	1:00 p.m.
High School:	7:30-12:00 p.m.	1:00 p.m.

Weight Classes: Will be determined after weigh-ins. Our goal is to discourage wrestlers from cutting weight to make a particular weight class. No wrestler will be paired with a wrestler more than 12% heavier without parental/coach permission.

Individual Awards: Top three finishers in all weight classes will receive medals.

Entry Fee: \$25, payable at weigh-ins- cash or check (payable to CFC Athletics).

Rules: All matches will be three periods with choice of position for the second and third period.

Concessions: Will be served all day, including a full breakfast.

Contact Information: Dom Mancini: dompam@zoominternet.net

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release the Boardman Wrestling Team, Boardman High School, officials, OhioQuest Wrestling, CFC Athletics, tournament directors, workers and all representatives from all claims of right to damages for any injury suffered by me as a result of competing at this tournament.

WRESTLER'S NAME (PRINT LEGIBLY) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ CLUB or SCHOOL _____

DIVISION _____ BIRTHDATE _____

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____