The 9ᵗʰ Annual Canfield Fall Open

Saturday, November 2nd, 2019

This tournament is for all wrestlers, with youth, middle school, and high school divisions. Note: No pre-registration is necessary for this event, just arrive during the weigh-in times listed below. Five mats will run for this event to ensure it moves as quickly as possible. <u>We will start on time for all sessions and run quickly!</u>

<u>Event Location</u>: Canfield High School, 100 Cardinal Drive, Canfield, 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:	7:30-12:30 p.m.	1:30 p.m.
High School:	7:30-12:30 p.m.	1:30 p.m.

<u>Weight Classes:</u> 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.

<u>Individual Awards:</u> Top three finishers in all weight classes will receive medals.

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

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

<u>Concessions</u>: Will be served all day, including a full breakfast.

<u>Contact Information:</u> Larry Kerr: 567-203-2955   Email: kerr7370@msn.com

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administers, waive and release the Canfield Wrestling Team, Canfield 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_____