

The Columbus "Battle for the Belt" Youth Open

Sunday, March 1st, 2020

Champions of the Youth Open Division (II, III, and IV) will receive a deluxe championship belt!
Accept no substitute- this is truly a first class award! This tournament has Rookie, Youth Open and Middle School, and Masters Divisions. The Rookie Division is for 1st and 2nd year wrestlers only. We will start on time and run quickly for all sessions.

Event Location: Jonathan Alder High School, 9200 US-42, Plain City, Ohio.

Rookie Division (1st and 2nd year wrestlers only)

<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.	10:30 a.m.

Youth Open Division (Any Wrestler May Compete)

Division II: 2011-2012	7:30-12:00 p.m.	1:30 p.m.
Division III: 2009-2010	7:30-12:00 p.m.	1:30 p.m.
Division IV: 2007-2008	7:30-12:00 p.m.	1:30 p.m.
Middle School:	7:30-9:00 a.m.	10:30 a.m.
Masters:	7:30-9:00 a.m.	10:30 a.m.

Weight Classes: Will be determined after weigh-ins. The purpose of this is to discourage wrestlers cutting weight to make a particular weight class. No wrestler will be paired with a wrestler more than 12% heavier without parental or coach permission.

Awards: Champions of the Youth "Open" Divisions receive a deluxe championship belt. Champions of the Rookie and Middle School Divisions receive medals. 2nd and 3rd place finishers will receive medals.

Entry Fee: \$25, payable at the time of 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 during weigh-ins.

Contact Information: 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 administrators, waive and release the Jonathan Alder Wrestling Team, Jonathan Alder 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 directly or indirectly 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** _____