

SEACOAST YOUTH (K-8) WRESTLING TOURNAMENT

Winnacunnet High School

1 Alumni Drive
Hampton NH

Sponsored by the WHS Wrestling Boosters Club

Date: January 27, 2019

Times: Staggered start times

- **K-4 Wrestling Schedule:**
 - Arrive between 7:15-7:45.
 - Begin wrestling at 8:30 am
- **Gr 5-8 Wrestling Schedule:**
 - Arrive to weigh in at 8:30 am-9:30 am
 - Wrestling begins approx. at 10:30 am

Rules:

- This is a double elimination tournament. All participants are guaranteed 2 matches. Round robins will be used where necessary.
- Bout Length:
 - K-4: 1-1-1
 - 5-8: 1-1-1
- Overtime: 1 minute OT/ 30 second ride out if necessary.
- Singlets recommended/headgear mandatory

Weigh-Ins:

- **K-4 WRESTLERS WILL NOT WEIGH-IN - The Honor System will be used.**
 - Wrestlers will be grouped according to the weight listed on their registration paperwork. Please use good sportsmanship and list the correct weight!
 - K-4 will use the Madison weight system. Athletes will be grouped in 8 man brackets where available; round robin format will be used where necessary. This will be determined by the Tournament Director.
- **Gr 5-8 WRESTLERS MUST WEIGH IN ON SUNDAY, January 27 FROM 8:30 AM TO 9:30 AM**
 - Athletes will be grouped in 8 man brackets where available; round robin format will be used where necessary. This will be determined by the Tournament Director.

Entry Fee:

- Mail in registration (\$15) – see attached form
- Register online (\$17) at <https://arena.flowrestling.org/>
- Wavier Table, set up outside the gym.
- Coaches that are bringing wrestlers without parents – please Contact Eric Larcomb – enlarcomb@gmail.com and a wavier will be emailed to you for parents to presign – please bring with you the day of the tournament.

REGISTRATION DEADLINE - JANUARY 25, 2019

NO WALK IN REGISTRATIONS

Parking: The Hampton Police Dept asks that all attendees park in designated parking spaces. From Route 101 East, use the Landing Road exit to the Winnacunnet Road entrance. Parking can be found in this area – follow the sidewalk to the gym.

Awards: Medals awarded to the top 4 place finishers.

Accommodations/Attractions: Hampton Beach - www.hamptonbeach.org – for info.

Contact Info:

Eric Larcomb - enlarcomb@gmail.com or (603) 631-0059

SEACOAST YOUTH WRESTLING TOURNAMENT REGISTRATION ROSTER

PLEASE MAIL REGISTRATION ROSTER AND PAYMENT TO:
WHS Wrestling Boosters, 1 Alumni Drive, Winnacunnet NH 03842

REGISTRATION DEADLINE – JANUARY 25, 2019

No Walk In Registrations

CHECKS PAYABLE TO: Winnacunnet Wrestling Boosters (\$15.00)

Register Online at: <https://arena.flowrestling.org> (\$17.00)

Questions/Info Call or Email:

Eric Larcomb – enlarcomb@gmail.com or 603-631-0059

TEAM NAME	
COACH'S NAME	
COACH PHONE NUMBER	
COACH'S EMAIL	

	Wrestler's First Name	Wrestler's Last Name	Grade	Weight	Skill (1-5)	Payment info (office use only)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

All wrestlers must have a waiver, signed by parents – there will be a wavier table set up outside the gym for parents to sign and deposit waivers.

Coaches – if you are bringing a wrestler without a parent, please contact Eric-enlarcomb@gmail.com in order to have a wavier emailed to you, so that parents can sign ahead of time – please bring it along and drop off at the waiver table. TY

- 1 – Beginner: little to no experience, less than 10 matches, losing record
- 2 – Fair: little experience, 10-20 matches, has won a couple of matches
- 3 – Good: placed in a tourney, 20-30 matches, good athletic ability
- 4 – Excellent: Won 1+ tourney, more than 30 matches experience, winning record, good athletic ability
- 5 – Outstanding – won multiple tourneys, very good record and athletic ability, state champion contender

SEACOAST YOUTH WRESTLING TOURNAMENT WAIVER FORM

Parents: please sign and drop off at the wavier table outside the gym.

Wrestler's Name	
Parents Name	
Wrestler's Address	
Wrestler's Phone	
Wrestler's Email	
Wrestler's Team	

We the parents of the above named boy/girl, hereby give our approval for his/her participation in the Seacoast Youth Wrestling Tournament. We (parent/guardian) assume all risks and hazards incidental to the conduct of the activities. We do hereby release, absolve, and hold harmless the Winnacunnet Wrestling Booster Club, Winnacunnet Cooperative School District, SAU 21, its Directors, Staff, the Town of Hampton, the organizers, sponsors, coaches, volunteers and anyone connected with the activities. In case of injury to our son/daughter, we hereby waive all claims against the aforementioned person(s). I/We will abide by the policies set forth. Winnacunnet Wrestling Booster Club, Winnacunnet School District, SAU 21, its Directors, Staff, the Town of Hampton, the organizers, sponsors, coaches, volunteers and anyone connected with the activities, assume no responsibility for accidents or injuries. I (ParentGuardian) understand that the person whose name appears on this application is in proper physical condition to participate. I/We assume all risks and hazards and further discharge, Winnacunnet Wrestling Booster Club, Winnacunnet School District, SAU 21, it's Directors, Staff, the Town of Hampton, the organizers, sponsors, coaches, volunteers, and anyone connected with the activities, from and against all claims, demand and actions or cause actions.

In the event of an emergency requiring medical attention beyond first aid, I/We hereby grant permission to a physician or hospital personnel designated by the WHS Boosters to provide medical attention to the applicant.

Parent/guardian's Signature _____ Date: _____

Photo Release

I give my permission for my child's photo and name to be used in and on the Winnacunnet Wrestling Webpage, Winnacunnet Wrestling Facebook page, local newspapers, etc. (please check if ok to photograph and publish).