

Blue Devil Biddy Wrestling Tournament

Division / Ages

1	6 and under
2	7&8
3	9 &10
4	11 & 12

NO MIDDLE SCHOOL WRESTLERS



Sunday – February 5, 2023 - Wrestling Starts at 9:00 AM

Doors open at 7:00 AM - Check in by 8:30 AM – Rules Review at 8:45 AM

Springfield High School – 1470 South McCord Road, Holland, Ohio 43528

Please direct questions to: Cody Reitmeier – reitmeierc@yahoo.com

ENTRY FEE: \$25.00 (PAID AT CHECK IN) – Fill out and sign the bottom portion – Email to: Jake@Jakeswrestling.com **Registrations must be received by Noon on Friday; February 3, 2023!** Weights will be by the honor system but will be spot checked. Weight brackets to be determined and posted after final registrations. Registrations close on Friday, February 3, 2023. No bracket changes day of tournament.

RULES & INFO

NOVICE & ELITE BRACKETING – All efforts will be made to split the Novice/Elite wrestlers with a minimum of 3 wrestlers. The tournament holds the right to combine weight classes if needed. Modified high school rules will apply to all divisions. Neutral Starts. There will be three (3), 1-minute periods, sudden death OT first to score not timed. Two coaches per wrestler at mat-side. Dress requirements are T-shirt and shorts or singlet. Age Group Classification: Wrestler's age on day of tourney will determine his/her age group. A copy of the wrestlers' Birth Certificate will be needed if age is challenged. *Only Division 1 Wrestlers will receive a warning for first illegal hold – Penalty points award after warning*

Concessions Served All Day – No Coolers!

Trophies awarded for 1st 2nd 3rd & 4th place

Fees & Admission: Registration \$25

Admission: \$5.00 -(\$10.00 Family)

REGISTRATION FORM

Scan or Photograph and Email to: Jake@Jakeswrestling.com

Registrations must be received by Noon Friday; February 3, 2023!

In consideration of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, to waive and release any members of Springfield Local Schools, Springfield Blue Devil Wrestling Club, tournament officials, tournament directors, workers, and all representatives from any and all claims of right to damages for injuries suffered by me directly or indirectly in traveling to and competing in the Blue Devil Youth Wrestling Tournament.

*Name _____ Phone(____) _____

School/Club _____ (-Info Must Be Filled Out for Pairing)

Address _____ City _____ Zip _____

E-mail Address _____ Division _____ *Weight _____ Grade _____

Age _____ Years of Experience _____ Birth Date ____/____/____ Elite _____ Novice _____

Signature of Athlete _____ Date ____/____/____

Signature of Parent/Guardian _____ Date ____/____/____

Payment Method at Check In: Cash, Check, Credit Card or Debit Card

****MAKE CHECKS PAYABLE TO: Blue Devil Wrestling Club****