

The 5th
Admiral Byrd
Husky Round Robin
FOLKSTYLE WRESTLING TOURNAMENT
Saturday, May 10th, 2014

TOURNAMENT DIRECTOR- **Scott Merryman**
E-MAIL: ABMSWrestling@gmail.com

PLACE: ADMIRAL RICHARD BYRD MIDDLE SCHOOL 134 Rosa Lane Winchester, VA 22602

AWARDS: 1st, 2nd, and 3rd place in each weight class will receive medals

WEIGH INS: SATELITE WEIGH INS **ONLY** BY COACH OR PARENT
Enter your wrestlers weight when you register on Track Wrestling by Thurs., 5/8 at 10PM
You will email your wrestlers official weight to the tournament director on Friday by 3 PM.

(NO on-site weigh-ins – Weights must be emailed by a parent or coach)
NO WEIGH-INS SATURDAY – WT. CLASSES WILL BE MADE FRIDAY

ENTRIES: **REGISTRATION IS COMPLETED ON TRACK WRESTLING BY May 8.**
You will email your wrestlers official weight on Friday, May 9 by 3PM
In your email include: Name, Weight, Grade, Division, Team/State
Then you will receive an email confirmation
Please bring the signed registration form with payment on Saturday morning
Please check in and pay one hour before your scheduled start time.

ENTRIES MUST BE RECEIVED BY DIVISIONS:

PEEWEE - Grades K – 3
JUNIORS - Grades 4 – 5

HIGH SCHOOL - Grades 9 - 12
MIDDLE - Grades 6 - 8

MATCH TIME: PW and JUNIOR: 1-1-1, MIDDLE and HS: 2-1-1

Check-in at 8:00am, WRESTLING STARTS AT 9:00AM FOR PW and JUNIORS

Check-in at 12:00pm, WRESTLING STARTS AT 1:00PM FOR MS and HS

WEIGHT CLASSES: Weight classes will be formed using the Madison System.

COST: \$20.00 Registration Fee, Collected AT DOOR on Saturday morning.
\$5 ADMISSION FEE (Includes parents and coaches)

MAKE CHECKS PAYABLE TO: ABMS

DIRECTIONS: Available upon request. Located near Rt 50, 7, 522, I81, & I66,

CONCESSIONS AND TSHIRTS WILL BE AVAILABLE ALL DAY

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PLEASE WRITE LEGIBLY, I HAVE TO BE ABLE TO READ IT, THANKS!

NAME: _____

ADDRESS: _____

PHONE: () _____ **E-MAIL:** _____

DATE OF BIRTH: _____ **GRADE:** _____ **AGE:** _____

WEIGHT: _____ **DIV:** _____

CONSENT TO PARTICIPATE FORM

I give my permission for _____ to wrestle in the 5th Admiral Byrd Husky Round Robin. I hereby release those involved with the tournament, Admiral Byrd Wrestling Team, Admiral Richard Byrd Middle School and agents or representatives of the school and Frederick County Schools from any responsibilities or liability for injury or accident to the entrant listed above.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____