

# The 2<sup>nd</sup> Annual Lexington Youth Open

*Sunday, February 21, 2010*

**Please Note:** This tournament contains both an “Open” Youth Division and a “Rookie” Youth Division (for first and second year wrestlers). If you began wrestling before Oct. 1, 2008, you are not eligible for the Rookie Division and must compete in the “Open” Youth Division. Results for this tournament will be recorded for the Top 20 Standings on [www.ohiowrestler.com](http://www.ohiowrestler.com).

**Tournament Location:** Lexington High School, 103 Clever Lane, Lexington, Ohio.

<u>AGE GROUP</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-IN</u>	<u>START TIME</u>
5-6 Open	40,45,50,55,60,70,Hwt	9:00-11:00 a.m.	12:00 p.m.
7-8 Open	45,50,55,60,65,70,75,85,Hwt	9:00-1:30 p.m.	3:00 p.m.
9-10 Open	55,60,65,70,75,80,86,93,100,115,Hwt	9:00-1:30 p.m.	3:00 p.m.
11-12 Open	65,70,75,80,85,92,100,110,125,140, Hwt	9:00-1:30 p.m.	3:00 p.m.
13-14 Open	80,85,90,95,100,105,112,119,126,132,138,145,160,180,Hwt	9:00-11:00 a.m.	12:00 p.m.
15-19 Open	103,112,119,125,130,135,140,145,152,160,171,189,215,285	9:00-1:30 p.m.	3:00 p.m.
Masters (19 and up)	133, 149, 165, 184, 215, 285	9:00-11:00 a.m.	12:00 p.m.

## “ROOKIE” DIVISION TOURNAMENT (FIRST AND SECOND YEAR WRESTLERS)

<u>AGE GROUP</u>	<u>WEIGHT CLASSES</u>	<u>WEIGH-IN</u>	<u>START TIME</u>
7-8 ROOKIE	45,50,55,60,65,70,75,85,Hwt	9:00-11:00 a.m.	12:00 p.m.
9-10 ROOKIE	55,60,65,70,75,80,86,93,100,115,Hwt	9:00-11:00 a.m.	12:00 p.m.
11-12 ROOKIE	65,70,75,80,85,92,100,110,125,140, Hwt	9:00-11:00 a.m.	12:00 p.m.

**Awards:** Open Division: 5-6, 7-8, 9-10, and 11-12. Top three place finishers receive deluxe trophies. **22” Trophy to the Champion!** 13-14,15-19, and Masters Age Group: Top Three place finishers receive medals. Rookie Divisions: Top three finishers receive medals.

**Entry Fee:** \$20, at the time of weigh-ins. No pre-registrations.

**Rules:** Modified Scholastic Rules will be used for all divisions. Sudden death overtime will be used in case of a tie. Double Elimination. Tournament Director reserves the right to combine weight classes upon need.

**Concessions:** Will be served all day, including full breakfast.

**Contact Information:** Brent Rastetter: 419-295-2682 Email: [coachr@lexingtonwrestling.com](mailto:coachr@lexingtonwrestling.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 Lexington Wrestling Team, Lexington High School, officials, tournament directors, workers and all representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing at this tournament.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

CLUB or SCHOOL \_\_\_\_\_

AGE GROUP \_\_\_\_\_ 2009-2010 RECORD (IF KNOWN) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**Age Group Classification:** A wrestler's age on February 21<sup>st</sup> will determine his or her age group.

SIGNATURE OF ATHLETE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_ DATE \_\_\_\_\_

