

“Golden Flash Classic” Preseason Wrestling Open/Ages 5 – 18 Sunday, November 1, 2009

Hosted by Kent State Wrestling
Location: KSU MAC Center, Kent OH 44242

350+ wrestlers participated last year!

Weight Classes: All weight classes will be determined after weigh-ins according to age and weight.

Format: Round robin format guarantees a minimum of 3 matches. Final round robin record and head to head competition determines your placement. 15-18 division may be bracketed format. Modified Scholastic rules for all divisions. All Neutral starts. Sudden Death Overtime will be used. We will wrestle on 6 mats to insure the tournament will move very quickly. Awards will be given. Each age group should last no more than 3 hours.

Age Division	Match's*30 sec break between periods	Weigh-in Range	Start Time
5-6	2 x 1.5 minute periods*	8:30am-9:15am	10:00am
7-8	2 x 1.5 minute periods*	8:30am-9:15am	10:00am
9-10	2 x 1.5 minute periods*	8:30am-9:15am	10:00am
11-12	2 x 1.5 minute periods*	9:00am-10:45am	11:30am
13-14	2 x 2 minute periods*	9:00am-11:45am	12:30pm
15-18(no grads)	2 x 2 minute periods*	9:00am-12:30pm	1:30pm

Registration Options:

- Individuals please fill out application and Medical Form and either email them to jmoore11@kent.edu or bring them to registration at times above. Leave the box blank and we will fill that in after weigh-ins.
- Coaches: Please fill out an application and Medical Form for each of your wrestlers and email them or bring them to registration at times above. Please type them or write legibly.

Medical Form link: http://www.mvonlinecamp.com/kentstaterwrestlingcamps/HH_Med_Form.pdf

This form can be found at www.kentstatesports.com under wrestling and “more” on the gold menu bar

Entry Fee: \$20 at time of weigh-ins. Make Checks Payable to Kent State Wrestling.

Concessions: Served all day long. **Contact Information:** 330-672-8422 or 330-672-2820

or e-mail jmoore11@kent.edu

In consideration of acceptance of my entry, I agree to be legally bound by myself, my heirs, executors, and administrators, waive and release the Kent State Wrestling Team, Kent State University, officials, tournament directors, workers and all representatives from any and all claims of right of damages for any injury suffered by me or indirectly as a result of competing at this tournament

Name: _____ Age Division: _____ Birth day: ____/____/____

Address: _____ Grade: _____ Club or School: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Signature of Athlete: _____ Date: _____

Signature of Parent: _____ Date: _____

