

"THE JOHNSTOWN THROW DOWN"
Sunday NOVEMBER 13, 2011
**An Ohio Athletic Committee District Seeding Tournament
and State Ranking Event**

Where: *Johnstown High School, 401 S. Oregon St. Johnstown, Ohio 43031*

When: Divisions I, II, III wrestling starts at 9:30am.
Divisions IV and V at 1pm.
(Call in weights are available if traveling more than 40 miles and registration received)

Type: Pool tournament, matches will be (2) 1 ½ minute periods, 12 pt. tech, sudden death OT.

Weigh - Ins: SUN., Nov. 13, 2011, 7:30 – 8:30am (Div. I, II and III) 11am-Noon (Div. IV and V)
or can be emailed to me by a coach at DCLIMER03@YAHOO.COM

Cost: \$20.00 Online or On Site. <http://register.ohioathletics.com> (click on seeding tournaments).

Notes: Full mats and certified officials for this tournament. Singlets are not mandatory.
Food Concessions (hot & cold) will be available throughout the day.

Weight classes and divisions:

<i>Div I –</i>	<i>6 & under</i>	<i>Wrestlers will be grouped according to their actual weight. May only wrestle in one weight class or division.</i>	
<i>Div II –</i>	<i>7-8</i>		
<i>Div III –</i>	<i>9-10</i>		
<i>Div IV –</i>	<i>11-12</i>		
<i>Div V –</i>	<i>13-14</i>		<i>*Top four will receive an award*</i>
<i>Div VI –</i>	<i>High School</i>		

Admission: \$4 for Adults/ \$2 for students

Contact person: DAVID CLIMER 740-405-6857 DCLIMER03@YAHOO.COM

Payment: Checks/Money Orders to: Johnstown Wrestling
401 S. Oregon St. Johnstown, Ohio 43031.
Make checks payable to Johnstown Wrestling Club

Release, Waiver and Assumption of Risk:

In consideration of your acceptance of my entry, I, intending to be legally bound hereby, for myself, my heirs, executors, administrators and all others, do hereby assume all the risks and hazards of participation in the event and do hereby waive, release and discharge Johnstown Monore High School, and Ohio Athletic Committee, its' officers, agents and employees, and all tournament sponsors, officials, volunteers and participants from any and all claims for injuries, damages or losses directly or indirectly related to participating in this event. We realize we are assuming all risks and that we are releasing those parties herein identified in advanced of any occurrence from all claims including those arising from negligence and/or omission. If the undersigned wrestler ever attempts to disaffirm this release, the undersigned parent/guardian hereby agrees to defend and completely indemnify those hereby released as a result of any such effort or resultant judgment, claim or suit

Name _____ Phone () _____ School/Club _____

Address _____ City _____ Zip _____

Division _____ Weight _____ Grade _____ Age _____ Birth Date _____

Parent/Guardian signature _____ Date _____