**2025 Newberry Youth Wrestling Tournament**

***When:*** Saturday, March 15, 2025

***Where:***  Newberry School, 700 Newberry Avenue, Newberry, Michigan

***Time:***  Wrestling to begin at 10:00 am (*or as soon as bracketing is complete)*

 \*\*Wrestlers must be checked in by 9:00 AM

***Registration:*** **NO WALK-INS but random weigh-ins will be conducted**

 **All sections of the form must be completed legibly**

***Cost:***  $10 per wrestler (**registration due by*****March 12th***)

***Who:***  Pre-K through 8th graders

***General Info:*** Limited to the first 300 wrestlers

 4-man round robin brackets

 Trophies for 1st place and Medals for 2nd through 4th place

 Team Trophies 1st through 4th place

 Grades PK – 4 will have 3 – one minute periods

 Grades 5 – 8 will have 3 one and one-half minute periods

 High school rules apply

 Spectator fee $2 adult, $1 student (*wrestlers and team coaches are free*)

 Concessions available all day

Raffles and 50/50 drawing will be held!

## EACH WRESTLER WHO IS FULLY REGISTERED, AND IS PRESENT TO WRESTLE,

## WILL BE ENTERED INTO A PRIZE DRAWING

Proceeds from the tournament will help support the Newberry High School Wrestling program.

For additional information contact:

 Bob (906) 586-9894 or bobtara3@yahoo.com or Howard (906) 291-1455 or hwbliss4@gmail.com

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***(PLEASE WRITE LEGIBLY AND COMPLETE ALL SECTIONS)***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club:\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_ Age:\_\_\_\_\_ Current Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_Years Wrestling (minus this year)\_\_\_\_\_\_\_

I give my permission for my son/daughter to participate in the 2025 Newberry Youth Wrestling Tournament. I, my heirs, executors and administrators waive and release the Newberry Youth Wrestling Association, Tahquamenon Area Schools, any parents, coaches, sponsors, their agents, representatives, committees and members from any and all claims or rights to damages for injuries sustained while training for, competing in, or traveling to and from this tournament. I also give my authorization for emergency medical treatment.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send form and fee to: Newberry Youth Wrestling Make checks payable to: **Newberry Youth Wrestling Association**

 c/o Bob Bowler

 22640 Co Rd 468

 McMillan, MI 49853 **Form and fee are due by March 12th.**