



Bexley Summer Open

Saturday, June 12, 2021



Location: Bexley High School, 326 S Cassingham Road, Bexley, OH 43209

*****AGE DIVISION IS BASED ON AGE ON DAY OF TOURNAMENT*****

DIVISION	WEIGHT CLASSES	WEIGH-IN	WRESTLE
D1: 6 & UNDER	WEIGHT CLASSES WILL BE DETERMINED AFTER	8:00-9:00 a.m.	10:00 a.m.
D2: 7-8	WEIGH-INS. NO WRESTLER WILL WRESTLE	8:00-9:00 a.m.	10:00 a.m.
D3: 9-10	ANYONE MORE THAN 10% HEAVIER	8:00-9:00 a.m.	10:00 a.m.
D4: 11-12	WITHOUT PARENT OR COACH PERMISSION	8:00-9:00 a.m.	10:00 a.m.
D5: JUNIOR HIGH		8:00-9:00 a.m.	10:00 a.m.
D6: HIGH SCHOOL		8:00-9:00 a.m.	10:00 a.m.
D7: OPEN		8:00-9:00 a.m.	10:00 a.m.

****COVID 19****

All Spectators and non-participating wrestlers will be required to wear a mask when not competing. Anyone unable to comply with mask mandate will be removed without refund. Each session will enter through the right side for weigh in and competition. Each session will exit through the left side. Entrances/Exits will be clearly marked. Weigh-ins will be conducted after verifying registration at right side entrance. Entrance into the wrestling area will be verified, prior to entering.

Registration: Walk In Registration only. **NO PREREGISTRATION!!**

Awards: Trophies for 1st and 2nd. Medals for 3rd-4th.

Entry Fee: \$25 at the time of weigh-ins--2nd Division = \$15

Match Length: 3 -1 minute periods. 10 pt TECH FALL. OT 1 minute sudden victory if no points scored / 30 sec. ride-out (choice to wrestler that scored first)

Rules: Modified Scholastic Rules will be used for all divisions. Tournament will be double elimination or round robin. Tournament Director reserves the right to combine weight classes upon need.

Admission: \$5 per person. **LIMIT OF 2 SPECTATORS PER WRESTLER!!**

Contact Information: Ric Roe: ricroe7408911970@gmail.com, Phone/Text: 740-891-1970

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 Bexley High School, Bexley City Schools, A+ Sportswear, tournament 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 _____ AGE _____ BIRTHDATE : _____

PHONE: _____ E-MAIL _____

AGE DIVISION _____ WT CLASS _____

SIGNATURE OF ATHLETE _____ DATE _____

SIGNATURE OF PARENT _____ DATE _____