



“Golden Flash Classic”

Preseason Wrestling Open/Ages 5 – 18

Sunday, October 23, 2011

Hosted by Kent State Wrestling

Location: KSU MAC Center, 1025 Risman Dr, Kent OH 44242

(MAC Center is located at the intersection of Summit and Risman dr)

350+ wrestlers participated last year!

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

Just come and wrestle, don't worry about what you weigh!

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 (Except for 15-18) Sudden Death Overtime will be used. We will wrestle on 6 mats to ensure the tournament will move very quickly. Awards will be given. Each age group should last no more than 3 hours. (15-18 may be longer depending on # of entries)

*Kent State Wrestlers will be refereeing all divisions.

Age Division	Match's*30 sec break between periods	Registration & Weigh-in Range	Start Time
5-6	2 x 1.5 minute periods*	7:30am-9:00am	10:00am
7-8	2 x 1.5 minute periods*	7:30am-9:00am	10:00am
9-10	2 x 1.5 minute periods*	7:30am- 12:00pm	1:30pm
11-12	2 x 2 minute periods*	7:30am-9:00am	10:00am
13-14	2 x 2 minute periods*	7:30am- 9:00am	10:00am
15-18(no grads)	3 x 1.5 minute periods*	7:30am- 12:00pm	1:30pm

Registration:

- Individuals please fill out application and Medical Form and bring them to registration at times above. Leave the box blank and we will fill that in after weigh-ins

Medical Form is on the back of this flyer! Please fill out both sides of this form.

- Awards given to top 3 for age groups 12 & under and top 2 for age groups 13-18.

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: _____ Birthday: ___/___/___

Address: _____ Grade: _____ Club or School: _____

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

Signature of Athlete: _____ Date: _____

Signature of Parent: _____ Date: _____

