Cameron Small Fry Tournament

Battle For the Bling

Date: S	Sunday,	January	[,] 7 th ,	2024
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Location: Cameron High School-2012 Blue and Gold Rd. Cameron, WV 26033

Time: Weigh-ins 6:00 AM-8:00 AM / Wrestling to begin at 9:30 AM

Sign-up: All registration forms are due by Wednesday, January 3rd, 2024

(Mail in forms must be postmarked by December 29, 2023)

Email to: A angeliii@hotmail.com Email confirmation will be sent.

Mail-ins: 20 Pickle Lane Cameron, WV 26033

E-mail entries will pay at check in. Mail-in entries make check payable

to Cameron Small Fry Wrestling.

NO CALL-INS WILL BE ACCEPTED! NO WALK-INS WILL BE ACCEPTED!

Entry Fee: \$30 per wrestler; \$10 for additional division. NO REFUNDS.

SILENT TOURNAMENT

Rules: Modified High School **Double Elimination**

Bout times-Three periods of 1 minute each.

Blind draw, every effort will be made to split wrestlers from the same team.

NO SWITCHING WEIGHT CLASSES!

Awards: Champions will receive a custom champion ring and t-shirt. Medals for 2nd-4th

Weights: NO WEIGHT ALLOWANCE WILL BE GIVEN. Second entry must be in a different age division.

We reserve the right to combine weight classes.

4&under: 35,40,45,50, HWT. Max 65

5-6: 40,45,50,55,60, HWT. Max 75

7-8: 45,50,55,60,65,70,75,80,85, HWT. Max 120

9-10: 55,60,65,70,75,80,85,90,95,105,125, HWT Max 160

11-12: 65,70,75,80,85,90,95,100,105,115,125,135,145,160, HWT. Max 200

Age cut off: Age as of January 1, 2024

Skin Check: All wrestlers are subject to a skin check. Any wrestler with a questionable skin condition must have a documented skin form signed by a physician in order to compete.

For further information, please contact: Ashley Richards 304-551-1986

Name:	School/Club:			
Address:	City:	State:	Zip:	
Birthday:/ Age:_	Division:	Weight Class:		
Phone:				
I hereby give my permission	to the child listed on	this form to wrestle ir	n the Cameron	Small Fry
Tournament. Our signature k	pelow releases all spo	nsoring bodies, their	officials and re	ferees from any
and all legal claims or rights	to damages for injurie	es or losses suffered b	y my child or r	myself directly or
indirectly while training for,	traveling to or from, o	r participating in this	event.	
Parent/Legal Guardian Name	e(please print):			
Parent/Legal Guardian Signa	ture:			