



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# DO MORE BE MORE

## Youth Wrestling Tournament **Ages K-8**

**SCANTIC VALLEY Y FAMILY CENTER**

**Sunday, January 29 Starts at 9:00am**

Entrance Fee: **\$15 / \$10 for YMCA Wrestlers**

Spectator Fee: **\$3:00 / Children under 6 are free**

Weigh Ins: **Jan. 29, 6:30–7:30am or**

**Jan. 18, 4:30–5:30pm for local teams**

4-5 man round robin, Medals for 1st–3rd. Concession stand will be open with breakfast, lunch, snack & drink items.

Contact Kelly O'Malley: [komalley@springfielddyy.org](mailto:komalley@springfielddyy.org) (413) 596-2749 x111 or Gary Lemoine: [garylemoine1@verizon.net](mailto:garylemoine1@verizon.net) for more information. **\*\*Please contact us if you plan to attend and give us an estimate of number of wrestlers attending\*\***

**Waiver below must be filled out by all wrestlers.**

**Waivers will also be available at the door.**

[springfielddyy.org](http://springfielddyy.org)



**Scantic Valley YMCA Waiver:** I hereby register for the program above and accept the policies and procedures related to the program. I also hereby release for myself, my heirs, executors and administrators, and forever discharge the YMCA of Greater Springfield, its agents, servants, representatives and employees for any injuries which I may receive as a result in any program conducted and/or provided by the YMCA of Greater Springfield. I understand that participation in these programs has an inherent risk, and I assume said risk. I also understand the HEALTH and ACCIDENT COVERAGE is NOT PROVIDED by the YMCA of Greater Springfield, and that it is my responsibility to obtain the coverage. Yes I will allow photos taken by the YMCA to be used for publication/media purposes.

Child's Name \_\_\_\_\_ Team Name \_\_\_\_\_

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