



Freemont Ross HS, 1100 North St, Fremont OH 43420 – Sun. Feb. 21, 2016

OH-WAY NORTHWEST REGIONAL TOURNAMENT

OH-WAY REGIONALS IS THE ONLY WAY TO QUALIFY FOR NUWAY NATIONALS

OH-WAY State, March 12-13, 2016 – Veteran's Memorial Coliseum, 220 E Fairground St, Marion, OH 43302

OH-WAY REGIONALS PLACER ---> OH-WAY STATE PLACER ---> NUWAY NATIONALS

Location: Freemont Ross HS, 1100 North St, Fremont, OH 43420
Date: Sunday February 21, 2016
Who: NW Region OH-WAY Wrestlers (15-16 OH-WAY membership required)
Weigh-ins: Onsite Weigh-ins/Walk-ups Sat. 2/20/16 from 3-5pm
or Sun. 2/21/16 from 6-7am only!
- Copy of Birth Certificate required at weigh-in.

Split Session: D1-D2 Begins at 9am to 1:30pm – D3-D4 Begins at 1:30pm
Entry Fee: **\$45 - Preregister at Trackwrestling.com by Midnight Friday, 2/19/16 for this price (\$60 for walkups at weigh-ins).**
Payment for preregisters will be accepted at weigh-ins only.
Only preregisters will be considered for seeding.

Membership Fee: **All Wrestlers** must complete and pay for a current membership



Membership Fee: **All Wrestlers** must complete and pay for a current membership \$17 online at www.ohiowaywrestling.com or pay an extra \$20/wrestler at weigh-ins. *Make Money Orders (no personal checks) payable to OH-WAY (club/business ck. OK)*

Team Scoring: Separate Club/School & All-Star scoring will be kept at State.
Questions: See www.ohiowaywrestling.com for more information
Officials: 100% Certified Officials
Dress: T-Shirt and shorts or singlet (no loose clothing)
Admission: \$5 Adult / \$3 Student – **Great Concessions All Day!**
Rules: Modified High School Rules.
 Championship Matches are three (3) 1½ minute periods.
 Consolation Matches are three (3) 1 minute periods
 1st OT – 1:00 Neutral Sudden Death / 2nd OT – 0:30 Ride-Out
Qualification: TOP 6 PLACES QUALIFY TO STATE & RECEIVE MEDALS!



DIV	AGES (as of 12/31/15)	OH-WAY & NUWAY WEIGHTS (Weights are scratch for Regionals & +1 for State)
D1	6 & UNDER	37, 40, 43, 46, 49, 52, 55, 58, 62, 70, Hwt (max 90)
D2	7-8	45, 49, 52, 54, 56, 58, 61, 64, 67, 72, 77, 85, Hwt (max 125)
D3	9-10	50, 55, 59, 62, 65, 68, 71, 76, 81, 86, 90, 95, 100, 110, 122, Hwt (max 160)
D4	11-12	61, 66, 72, 76, 80, 85, 90, 95, 100, 105, 112, 119, 126, 135, 147, 165, Hwt (max 200)

Contact: Tom Weaver
 Ph: (740) 505-0950
ohioway.southcoordinator@gmail.com
or Tournament Director:
 Randy Hartman
 Ph: (937) 869-6969
ohioway.director@gmail.com

Name: _____ **Official use only: Actual Weight:** _____

OH-WAY Membership: # _____

Gender: M or F DOB: _____ Age as of 12/31/15: _____ Division: _____ Weight Class: _____

Address: _____ County: _____

Phone: (____) _____ - _____ Resident High School District: _____

Club/School Team Name: _____ All Star Team Name: _____

SEEDING CRITERIA (LAST 2 YRS)

NATIONALS 1 2 3 4 5 6 7 8	STATE 1 2 3 4 5 6 7 8	REGIONAL 1 2 3 4 5 6 7 8	Current Record: _____
NATIONALS 1 2 3 4 5 6 7 8	STATE 1 2 3 4 5 6 7 8	REGIONAL 1 2 3 4 5 6 7 8	

2015-16 SEEDING CRITERIA

NUWAY Freakshow 1 2 3 4 5 6 7 8	NUWAY Great Lakes Championship 1 2 3 4 5 6 7 8
Team OH-WAY Qualifier 1 2 3 4 5 6 7 8	Other NUWAY Event - _____ 1 2 3 4 5 6 7 8
OH-WAY American Pride 1 2 3 4 5 6 7 8	
COBYWA Championship 1 2 3 4 5 6 7 8	League Championship - _____ 1 2 3 4 5 6 7 8

In consideration of your acceptance of my entry, my legal heirs and I waive and release and forever discharge any and all rights and claims of damages, or injuries, which we may have, or which may occur against the sponsors of this Tournament. Namely OH-WAY Directors, Officials, Representatives, and Staff, Freemont Ross HS, and its Representatives, Officials and Staff, Veteran's Memorial Coliseum, and its Representatives, Officials and Staff, NUWAY Directors, Officials, Representatives, and Staff, from any and all damages which may be sustained or suffered by the athletes in connection with, directly or indirectly, training for, traveling to and from, and participating in or attending OH-WAY NW Ohio Regional, OH-WAY State, and NUWAY National Wrestling Tournaments.

Parent/Guardian Signature (Required): _____ **Date:** _____

Official use only: Payment Method: (circle one) CASH Money Order Club/Business Check# _____

NUWAY Prereg or Walkup: _____ BC: _____ Skin: _____ Entry Pd: _____ Mbr. Pd: _____ Amt Paid \$ _____ **NW**