



2025 NC AAU State Championship

HOSTED BY: NC AAU Wrestling

DATE: 3.15.25

TOURNAMENT LOCATION : Tryon Equestrian Center
4066 Pea Ridge Rd, Mill Spring, NC

SPECTATOR FEE: \$10 (age five and under free)

WEIGH INS Times: Weigh-in times will be e-mailed to you the day before the event.

Wrestlingtournaments.com will be running this event with Rapid Bracketing.

Using Rapid Bracketing the goal is to have as many matches per weight class in 2 hrs. as possible.

Divisions: 6U,8U,10U,12U,14U,16U,18U, OPEN, HS Girls

AWARDS: Medals for 1st, 2nd, 3rd, 4th

Team/Club Award for 1st & 2nd & 3rd place.

Team competition points will be awarded as follows: 1st =16, 2nd = 12, 3rd = 9, 4th = 7

*There is no weight allowance. **Weigh in uniform is singlet.** You will not be allowed to strip down to underclothes, and you will not be allowed to leave the weigh-in room to run.*

Wrestlingtournaments.com will be running this event with Rapid Bracketing. Different divisions will start at different times! Please keep an eye on your email the day before so you know when your wrestlers will be wrestling!!!

DIRECTOR CONTACT INFO: Stan Chambers thematroom@yahoo.com Cell: 919-400-1958

REGISTRATION FEE: \$40.00

REGISTRATION CUTOFF: Noon 3/14/25

REGISTRATION LIMIT: 500

REGISTRATION AT: WRESTLINGTOURNAMENTS.COM

-This event is licensed by the Amateur Athletic Union of the U.S. Inc.

-All participants must have a current AAU membership

-AAU membership may not be included as part of the entry fee to the event.

-AAU Youth athletic membership must be obtained before the competition begins except where event operator has a laptop available with an internet connection. Be Prepared: Adult and Non Athlete Memberships are no longer instant and cannot be applied for at event. Please allow 10 days for membership to be processed.

-Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.

➤ **ALL WRESTLERS AND COACHES MUST HAVE CURRENT AAU CARDS.**

➤ **BRING AAU CARD TO EVENT**

➤ **ROTECTION REQUIRED IF HAVE BRACES OR ORTHODONTIC DEVICE ON TEETH.**

Name: _____

Date of birth: _____

AAU Number: _____

In consideration of your acceptance to my entry, I and my legal heirs/guardians do hereby waive and release any and all claims for damages I may have against the hosting site, organization/club, their sponsors, coaches, volunteers, tournament officials, and/or administrators for any and all injuries suffered by me in connection with the tournament named above. I have reviewed the flyer for this tournament and agree to all rules, guidelines, and additional waiver information printed.

Wrestler Signature

Parent (Legal Guardian) Signature

Date