



# WRESTLE FOR A GOOD CAUSE



**WHERE:** Penfield High School—25 High School Drive, Penfield NY, 14526  
**WHEN:** June 15<sup>th</sup>, 2014      **CHECK-IN:** 7-8 a.m.      **HONOR WEIGH-INS**  
**CLINIC:** 8:30 a.m. – 9:30 a.m. (Wrestling will follow Clinic)  
**AGE GROUPS:** 9/10, 11/12, 13/14, 15/16  
**COST:** \$10 GETS YOU A WRESTLING CLINIC AND 2 TO 4 MATCHES  
**MAKE CHECKS PAYABLE TO: PENFIELD TAKEDOWN CLUB**  
Contestants will be paired based on Age and Weight in a Round Robin Tournament  
(no more than a 10% variance in weight)  
Come get a few matches for a great price and have some fun.  
**NO AWARDS! Its all for Mat Time!**

**ALL MONEY WILL BE DONATED TO CHARITY:**  
*ABW of Rochester - An Alternative for Battered Women/ Domestic Violence Shelter*

The Dierna family will be running a Wrestling Clinic from 8:30 a.m. to 9:30 a.m.  
The Dierna's have many accolades throughout the years  
Including, 2x NCAA Division 3 All-American and National Finalist in 2014, Bobby Dierna

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
School/Club: \_\_\_\_\_ Grade: \_\_\_\_\_ Age Division: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_ Is this wrestler's first tournament? Yes/No (circle one)

For More Information:

Jonathan Haas: 585-683-2971, [jonathanhaas6@gmail.com](mailto:jonathanhaas6@gmail.com) – Jay Haas: 585-298-7466

In consideration of your acceptance of my entry, I hereby release the Penfield Takedown Club, Penfield Central Schools, and tournament officials of this tournament from any claims, liabilities or right for damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from and/or participating in this Wrestling Clinic and Tournament. I have my own insurance and understand that my child must be covered by a health insurance policy as a requirement for participating in this wrestling event. I take responsibility for any damages done by my child at this event.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Wrestlers Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Info/Policy # \_\_\_\_\_