

YOU'RE ALWAYS A



CHAMPION

WHEN YOU CHOOSE TO

COMPETE







TROPHIES FOR ALL PARTICIPANTS!

JR. RED RAIDERS YOUTH WRESTLING TOURNAMENT

SUNDAY MARCH 1ST 2015

SEE NEXT PAGE FOR REGISTRATION INFO

Fairport Youth Wrestling presents a NY Top 100 tournament The 4th Annual Junior Red Raiders Youth Wrestling Classic





Sunday March 1, 2015 Fairport High School 1348 Ayrault Rd, Fairport, NY 14450

Fee: \$22

Online registration & Credit Card Payment available at the below link.

sports.bluesombrero.com/Fairportyouthwrestling

All you need to do is register for a free account and enter your wrestler's information to pay by credit card.

You may also mail checks or money orders payable to

Fairport Youth Wrestling Booster Club

(\$20 returned check fee) c/o Megan Volhejn 12 Otterden Lane Fairport, NY 14450

| I would like to compete in | the NY Top 100 rankings: | Yes | No | (circle one) |
|----------------------------|------------------------------|--------|--------|-----------------|
| NY Top 100 competing we | eight class (increments of 5 | lbs.), | wrest | lers must be at |
| or under this weight | . Wrestlers will only be | ranke | d at o | ne weight. |

| Schedule | | | | |
|---|----------------|--|--|--|
| Registration | 7:30 – 8:30 am | | | |
| Coaches meeting | 8:45 am | | | |
| Wrestling will start as soon as possible! | | | | |

Rules: 1-1-1 for ages under 13, 1:30 periods for 13-14 NYS rules.

Singlets not required. Headgear optional. OT: NYS High

School Rules

Certified NYS officials used for ALL age groups.

Limit 400 wrestlers. Pre-registration only.
Admission at door \$3 adults, all kids free
All registrations must be postmarked by 2-26-2015
Proof of age may be challenged.

| Registration | | | | |
|----------------------------|--------------------|---|---------------------|--|
| Name: | | Weight:lbs. (must be filled in) Athletes over their pre-registration weight by 3lbs or more will be disqualified and no refund will be given. | DOB:// | |
| Address: | (City, State, Zip) | | Gender: M / F | |
| Home phone | Secondary phone | | Emergency contact # | |
| Parent/Guardian Full Name: | | Relation: | | |
| School / Club | | | Years of experience | |
| Email: | | Special needs: | | |

| Age (as of 1/1/2015) | |
|---|--|
| ☐6 and under | |
| □7-8 | |
| □9-10 | |
| □11-12 | |
| □13-14 | |
| Modified wrestlers welcome. No JV / Varsity experience. | |
| Participants will be grouped by age, weight (no more than 10% of body weight) and experience when possible. Wrestlers | |

only allowed to compete in one age group.

Jr. Red Raiders Tournament Waiver

Waiver for Participation: I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Fairport Central School District does not provide accident or medical insurance for the program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for a licensed physician or hospital staff to administer emergency medical care deemed necessary for person(s) listed below when parental permission is unavailable. I agree to hold the Fairport Central School District, its employees and officials harmless for and accident, injury, or other cause of action occurring while myself and/or my child participates in this program.

Anybody with a questionable skin condition may be removed from the clinic at any time. Misconduct, child abuse or misbehavior toward officials and/or Fairport Jr. Red Raider staff by parents or athletes will result in automatic expulsion from the tournament and the Fairport High School grounds. Tournament directors have the right to remove anyone not complying with tournament rules.

| Athlete's signature: | Date: _ | /_ | /_ | _ |
|----------------------|-------------|----|----|---|
| Parent's signature: | Date: _ | /_ | /_ | |