

LIONS CLUB PRE-SEASON WRESTLING CHALLENGE STATEN ISLAND, NEW YORK



Sunday, October 11, 2015 DATE: Msgr. Farrell High School, 2900 Amboy Road, Staten Island, NY 10306 **LOCATION:** 6pm Sat 10-10-15 @ Msgr. Farrell HS, **WEIGH-IN:** Satellite Weigh-ins avail upon request or Day of Event. See Below by age group 1st-2ndgr Born 2008-09 Weigh-ins 7:30-8:30am Wrestling begins 9:30am **START TIMES:** 3rd-5thgr Born 2005-07 Weigh-ins 7:30-8:30am Wrestling begins 9:30am 6th-8th gr Born 2002-04 Weigh-ins 9:30-10:30amWrestling begins 11:30 am **9-12thgr** Born 1997-01 Weigh-ins 10:30-11:30a Wrestling begins 12:30pm 1st and 2nd grade Born 2008-2009 **AGE GROUPS:** 3rd, 4th and 5th grade Born 2005-2007 6th, 7th, and 8th grade Born 2002-2004 Madison System for 1st-8th Grade - Weight classes will be determined after weigh-in. **FORMAT: HS Weights -** 99, 106, 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220, 285 – no weight allowance Wrestlers may **NOT** enter two divisions, 8th graders eligible for HS Div. **ENTRY FEE:** \$32.00 Walk-in - cash or check – payable to Friends of Lions Wrestling \$27.50 Online registration www.wrestlereg.com PRE REGISTER: Every wrestler guaranteed 2 matches – Singlet & headgear required **RULES: USA WRESTLING CARD:** Required for **ALL** participants – will be available for purchase onsite or you can buy on www.themat.com Medals awarded for 1st, 2nd, and 3rd place **AWARDS:** Email coach: Peter Hamm at farrelllionswrestlingclub@yahoo.com **INFO:** Spectators \$5.00 – Children 10 and under FREE **ADMISSION:** Food will be available all day **CONCESSION:** Wrestler's Name: _____ Date of Birth: _____ Age on Oct. 1st: _____ Address: _____ City, State & Zip: _____ Email: _____ Phone #: _____ Weight: _____ Years of Experience: ____ Name of School/Team: _____ Division: (circle one) 1st- 2nd grade 3rd-5th grade 6th-8th grade High School I agree to allow my child to participate in the Lions Pre-Season Challenge Tournament; I will do so at my own risk and of my own free will. I certify he/she is in good health. If medical attention is required for illness or injury during the tournament, I grant permission for such care to be rendered. I will not, in any way, hold liable Friends of Lions Wrestling, Msgr. Farrell HS, Tournament official or referees, for any injuries or losses that I might receive directly or indirectly, while traveling to or from or competing therein. I understand that if my child has any suspicious skin markings that he/she may not be permitted to participate in the event/tournament without the doctor's note stating that the wrestler is free of any contagious skin diseases. I certify that the information given on this registration form is correct. Parent/Guardian Signature: ______ Relationship: _____

Print Name: Date: