

# MARCUS WHITMAN YOUTH WRESTLING TOURNAMENT

**SATURDAY FEBRUARY 21,2015**

**Marcus Whitman High School Baldwin Rd Rushville NY 14544**

Round Robin/ Split session. First 250 entries- NO walk ins. All wrestlers must weigh in, there will be no weight allowance. Wrestling to start by 9am for morning session. PM session to start after weigh ins. NO Varsity or Junior Varsity experience. Rules 3 periods, each 1 minute for AM session. 3 periods each 1 minute 30 seconds for PM session. NYS Certified Referees

**WEIGH INS: 7AM-8:15AM FOR 5/6, 7/8, 9/10 YEAR OLDS  
11AM-12NOON FOR 11/12 13/14 YEAR OLDS**

**AWARDS: FIRST PLACE CHAMPION T-SHIRT/ 2ND-4TH TROPHIES  
MEDAL TO ALL OTHERS**

**ADMISSIONS: Adults \$3.00, Children 5-12 \$1.00, Under 5 free**

## **REGISTRATION INFORMATION:**

**Must be received by February 18, 2015**

Entry fee \$20.00 per wrestler. Send completed registration forms to Kevin and Chris Smith 5161 Bassage Rd Stanley NY 14561. Checks payable to MWYW. No refunds, \$35 returned check fee. Any questions please call Kevin Smith 585-739-4994 or Chris Smith 585-738-6236

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CLUB/SCHOOL: \_\_\_\_\_

WRESTLERS NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ YEARS EXPERIENCE \_\_\_\_\_

**LIABILITY WAIVER:** I AGREE TO LET MY CHILD PARTICIPATE IN THE WILDCAT WRESTLING TOURNAMENT. I UNDERSTAND AND AGREE THAT THE WILDCAT WRESTLING CLUB, MARCUS WHITMAN CENTRAL SCHOOL DISTRICT, AND ALL THOSE ASSOCIATED IN IT'S OPERATION SHALL IN NO WAY BE HELD LIABLE FOR ANY INJURY RECEIVED DURING THE TOURNAMENET, OR IN GOING TO AND FROM THE TOURNAMENT. WRESTLING IS A SPORT WHICH INVOLVES EXTENSIVE PHYSICAL EXERCISE. I UNDERSTAND IT IS MY RESPONSIBILITY, THROUGH THE CONSULTATION OF OUR FAMILY PHYSICIAN, TO INSURE THAT MY CHILD IS FIT TO PARTICIPATE IN THIS PROGRAM. I DO, HEREBY ASSUME ALL RISKS AND HAZARDS, INCIDENTAL TO THE CONDUCT OF THE ABOVE NAMED PROGRAM. I FURTHER RELEASE, ABSOLVE, INDEMNIFY AND HOLD BLAMELESS THE ABOVE NAMED PRINCIPALS OR ANY OF THE PERSONNEL APPOINTED BY THEM. I HAVE MY OWN INSURANCE TO COVER ANY INJURIES MY CHILD MAY SUSTAIN.

PARENT/GUARDIAN SIG. \_\_\_\_\_

WRESTLER SIG. \_\_\_\_\_

DATE \_\_\_\_\_