

14th Annual New Rochelle Spring Wrestling Tournament

Place: New Rochelle High School, 265 Clove Rd. New Rochelle, NY 10801

Date: Saturday, May 9th, 2015

Participants: Open to ages 8 years old through high school

Entry Fee: \$20.00 if postmarked by May 2, 2015. \$30.00 (cash) for walk-in registrations. There is a maximum of 300 wrestling participants. Please make check payable to: **New Rochelle Wrestling G.O.** and send to:

Jim Guccione

New Rochelle High School

265 Clove Road

New Rochelle, N.Y., 10801

Rules: Folk style, every attempt will be made to give everyone minimum two matches.

Time periods: Elementary -MS 1-1-1, High School 2-1-1. Proof of age may be required.

Awards: 1st – 3rd place medals

If you have any questions regarding the tournament please feel free to call Jim Guccione (914) 576-4577 (Day) or Ed Ortiz (914) 275-8432

This is a **USA Sanctioned Event** Membership cards are available by going to **TheMat.com** and clicking under membership. **No cards available at the door. YOU MUST PRESENT YOUR USA CARD** at registration table AGE is determined as of 5/9/2015

WEIGH INS-are staggered

Ages(8-9-10), (11-12), and MIDDLE SCHOOL (no varsity experience) ALL WEIGH-IN AND REGISTER 7-8 AM (MADISON WEIGHTS) AND BEGIN WRESTLING AT 8:45

HIGH SCHOOL weight +3 ie 106= 109 Weigh Ins 9-10A.M. Wrestling Begins 11:00 A.M

We reserve the right to modify weight classes when necessary. There will be a skin check.

Sign, detach and return with check payable to: **NEW ROCHELLE WRESTLING G.O.** \$20.00 if postmarked by May 2, 2015. \$30.00 for walk-in registration. CASH ONLY

Wrestler's Name _____

Date of Birth: _____ Age Group/Grade _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip _____

School: _____ E-Mail _____

Current USA Card # _____ In consideration of this entry being accepted, I hereby for my child, waiver and release any and all rights and claims for damages I may have against the New Rochelle High Wrestling Club, The New Rochelle City School District, and USA Wrestling, their agents, representatives, officials, volunteers, and assigns for any and all injuries suffered by my child at said tournament. I take full responsibility for my child's participation in this tournament.

Signature of Parent: _____ Date: _____

Name of Wrestler _____