

# ISLAND TREES YOUTH WRESTLING



## 8TH ANNUAL YOUTH TED PETERSEN JUNIOR TOURNAMENT

**PLACE:** ISLAND TREES MEMORIAL MIDDLE SCHOOL 45 WANTAGH AVE

**DATE:** Sunday, January 4, 2015

**WEIGH-INS:** Check with your coach or club for satellite weigh-in locations

**REGISTRATION:** Tournament will be limited to the first 400 wrestlers to register.

Clubs should register as early as possible and if need be, submit weigh-ins at a later date.

Must register by January 2, 2014 please fill out attached sheet and email it back. Application must be completed along with **\$30.00** entry fee. Bring form and fee the day of the tournament.

**NOTE: NO VARSITY OR JV EXPERIENCE; USA WRESTLING CARD IS REQUIRED**

Make checks payable to: ISLAND TREES YOUTH WRESTLING

NO REFUNDS AND NO WALK INS THE DAY OF THE TOURNAMENT

**RULES:** NYS High School Scholastic rules. Headgear and singlet are recommended.



DIVISIONS	GRADES	CHECK-IN TIME AM	START TIME
BANTAM	1 <sup>ST</sup> & 2 <sup>ND</sup>	7:30-8:00 AM	8:30 AM
INTERMEDIATE	3 <sup>RD</sup> & 4 <sup>TH</sup>	7:30-8:00 AM	8:30 AM
NOVICE	5 <sup>TH</sup> & 6 <sup>TH</sup>	11:00 AM	11:30 AM
SCHOOLBOY	7 <sup>TH</sup> & 8 <sup>TH</sup>	11:00 AM	11:30 AM

**ADMISSION:** Adults \$3.00, Children \$1.00. Parental supervision of children is required at all times

**FOOD:** Concession stand will be available all day in the cafeteria. No food or drink is allowed in the gym.

***\*\*This will fill up quick, we are only accepting the first 400 wrestlers.***

**CONTACT:** Any questions or for more information please contact Youth Wrestling Coach Pete Butrico

(Cell): 516-884-2732

(Email): [bbutrico@gmail.com](mailto:bbutrico@gmail.com)



Wrestler's Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ / \_\_\_\_\_ Yrs. Exp: \_\_\_\_\_

Division ( <b>check one</b> ):	Bantam (1st & 2nd)	Intermediate (3rd & 4th)	Novice (5th & 6th)	Schoolboy (7th & 8th)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previous Season Honors: \_\_\_\_\_

Coach's Rating (**circle one**): 1 2 3 4 5



Weighed in at: \_\_\_\_\_

Coach's Initials: \_\_\_\_\_

I \_\_\_\_\_ the parent or legal guardian of \_\_\_\_\_ assume full responsibility for my child in case of any injuries or losses that he/she may incur or suffer directly or indirectly, from training, traveling to or from, or participating in the Island Trees Youth Wrestling Tournament. I acknowledge that participation in this wrestling tournament is at our own risk. We hereby release and hold harmless the Island Trees Wrestling Club, the Island Trees School District, tournament officials, referees, and/or any other persons associated with the organization or operations of the tournament for any injuries or losses incurred. I also attest that my child has adequate medical coverage at the times of his/her participation of this event.

Wrestler's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_