

## HUDSON FALLS YOUTH WRESTLING BRINGS YOU



## HUDSON FALLS YOUTH WRESTLING TOURNAMENT

**WHERE:** Hudson Falls High School Gym

80 East LaBarge Street Hudson Falls, NY 12839

<u>WHEN</u> March 6, 2016

**DIVISIONS:** Age as of day of tournament

Division 1 – Ages 5 and 6 Division 2 – Ages 7 and 8 Division 3 – Ages 9 and 10 Division 4 – Ages 11 and 12 Division 5 – Ages 13 and 14

**WEIGHT CLASSES:** To Be Determined after weigh-ins

**ENTRY FEE:** \$20.00 (Cash or Checks made out to "Hudson Falls Wrestling")

Spectators: \$2.00 for admission

**AWARDS:** Medals For 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup>

**RULES:** New York State Modified Rules

**Pool Wrestling** 

Sudden Death Overtime

**CONTACT:** Mike Prendergast

coachpgast@gmail.com

<b>DIVISIONS 1, 2, 3</b>	TIMES	<b>DIVISIONS 4,5</b>	TIMES
Registration/Weigh Ins	7:00 am – 8:00 am	Registration/Weigh Ins	10:00 am – 11:00 am
Pooling	8:30 am – 9:30 am	Pooling	11:00 am – 12:00 pm
Wrestling Begins	9:30 am	Wrestling Begins	12:15 pm

	Official use only: Division			
Official Entry Form	Weight Group			
Wrestler's Name	Date of Birth			
Address:				
Street	Age			
City/State/Zip Code				
Phone # (H) Ce	111			
School District/Club	Coaches			
A-Experienced skilled wrestler for age B-some experience, good athlete, basic skills C-novice level for skills, little experience with competition  Seeding Information -Please provide your prior wrestling experience that would be valuable including: tournament place finishers, awards, years of experience, etc				
**************************************	myself, my heirs and next of kin, personal representatives, R RELEASE, DISCHARGE AND COVENANT NOT TO SUE ats, directors, officers, state organizations, members, my and all participants, officials, referees, coaches, host clubs, ble) owners, lessors and operators of premises used to conduct y (all hereinafter "Releasees") from any and all liabilities, e, direct or consequential that I may hereinafter have for BILITY, DISFIGUREMENT, PARALYSIS AND ANY g out of my participation in, attendance at or traveling to and g, but not limited to, LOSSES CAUSED BY THE PASSIVE acts in the facilities or equipment used. 2. Releasor understands of wrestling in general have inherent dangers that no amount OR EXPRESSLY AND VOLUNTARILY ASSUMES ALL IAL DISABILITY, DISFIGUREMENT, PARALYSIS AND sustained while participating in, attending, preparing for or eet, practice or activity, including the risk of PASSIVE OR in the facilities or equipment used. 3. Releasor acknowledges ing., sanctioned event, meet, practice or activity, including manent, temporary, total or partial disability, disfigurement, social and economic losses may result not only from Releasor's of others notwithstanding the rules of play or the condition of erstands that there may be other associated risks with such LEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY			
(Signature of parent or legal guardian)	(Date)			

(Relationship to minor)

(Print Name)