



VICTOR LIONS CLUB YOUTH WRESTLING TOURNAMENT



Saturday, April 9, 2016
Victor High School

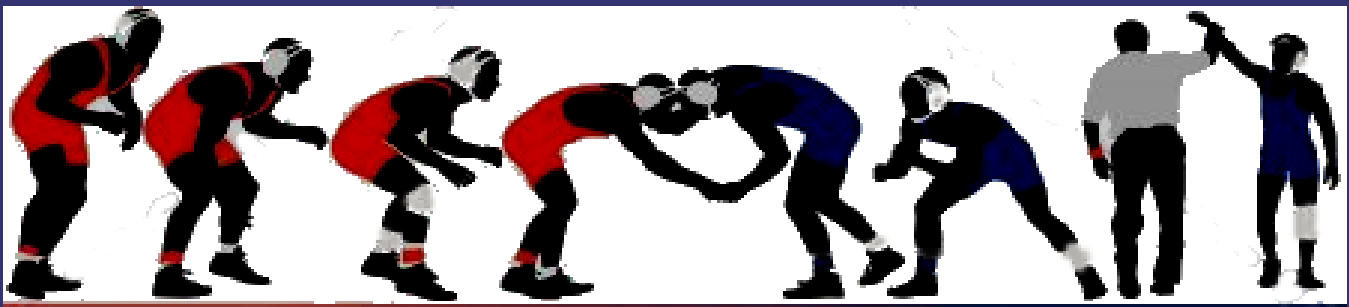
General Admission
Adult—\$3
Student—\$1
UNDER 5—FREE

Wrestling Starts at 9:00 AM

WHO: Youth Ages 5—14
WHEN: Saturday, April 9
WHERE: Victor High School
953 High Street
Victor, NY 14564
COST: \$25 per wrestler

Registration should be
mailed to
Victor Lions Club
PO Box 85
Victor, NY 14564

Registrations must be post
marked by Thurs, March 31.



REGISTRATION FORM ON BACK

Victor Lions Club Youth Wrestling Tournament

Victor High School
953 High Street
Victor, NY 14564

Saturday, April 9, 2016

Entry fee: \$25 per wrestler

****PRE-REGISTRATION ONLY****

General Admission:

Adults: \$3.00

Students: \$1.00

Children under 5: Free

Weigh-Ins:

Ages 5-10: 7:00am - 8:30am

Ages 11-14: 10:30am - 12:00pm

Mail this completed and signed registration form along with entry fee postmarked by March 31st to:
Victor Lions Club; PO Box 85; Victor NY 14564

Rules: 1-1-1 Periods, ties decided by 30 second sudden death overtime Limit 300 wrestlers. Please NOTE the referee will conduct skin checks pre-match.

Make check payable to Victor Lions Club. No late registrations will be accepted. There is no "day of" registration at this event. For questions or information about this event, please contact Jeff Swan at (585) 797-8490 or at jswannee@frontiernet.net

REGISTRATION			
Name:	Weight:	DOB: ____ / ____ / ____	Age Bracket: <input type="checkbox"/> 5/6 <input type="checkbox"/> 7/8 <input type="checkbox"/> 9/10 <input type="checkbox"/> 11/12 <input type="checkbox"/> 13/14
Address:			No JV/Varsity experience allowed
Home Phone #:	Secondary Phone #:	Emergency Contact Phone #:	
Email Address (optional):			
School/Club:			
Parent/Guardian Name:		Relation:	

I understand and am in agreement that the Schools and tournament officials are not liable for any injuries or losses suffered by me directly or indirectly in training for, traveling to or from, and/or participating in this wrestling tournament. I have my own insurance and understand that my child must be covered by a health insurance policy as a requirement for participating in this wrestling tournament. I take responsibility for any damages done by my child at this tournament.

Parent/Guardian Signature: _____ **Date:** _____