MARCUS WHITMAN YOUTH WRESTLING TOURNAMENT ROUND ROBIN/SPLIT SESSION FIRST 250 ENTRIES NO WALK-INS DATE: SATURDAY JANUARY 28, 2017 LOCATION: MARCUS WHITMAN HIGH SCHOOL BALDWIN RD. RUSHVILLE, NY 14544

ENTRY FEE: \$25.00 PER WRESTLER MORE THAN ONE WRESTLER PER FAMILY-\$20.00 PER WRESTLER MAKE CHECKS PAYABLE TO WILDCAT WRESTLING CLUB SEND REGISTRATION AND CHECKS TO: KEVIN SMITH 5161 BASSAGE RD. STANLEY, NY 14561 MUST BE RECEIVED BY JANUARY 25, 2017 E-MAIL: CABS15@FRONTIERNET.NET NO REFUNDS AND THERE IS A \$35.00 RETURNED CHECK FEE ALL WRESTLERS MUST WEIGH IN, THERE WILL BE NO WEIGHT ALLOWANCE WEIGH INS: 7AM-8:15AM FOR 5/6, 7/8, 9/10 YEAR OLDS 11AM-12NOON FOR 11/12 13/14 YEAR OLDS NO VARSITY OR JV EXPERIENCE RULES: 1:00 MIN-1:00 MIN-1:00 MIN FOR AM SESION 1:30 MIN-1:30 MIN-1:30 MIN FOR PM SESSION NYS CERTIFIED REFEREES

AWARDS: FIRST PLACE CHAMPION T-SHIRT/ 2ND-4TH TROPHIES MEDAL TO ALL OTHERS ADMISSIONS: ADULTS \$3.00, CHILDREN FREE

ANY QUESTIONS CALL KEVIN SMITH @ 585-739-4994 OR CHRIS SMITH @ 585-738-6236

_____WRESTLERS NAME:____
 CLUB/SCHOOL:
 ______WRESTLERS NAME:

DOB:
 ______AGE:

WEIGHT:
 PHONE NUMBER:
 LIABILITY WAIVER: I AGREE TO LET MY CHILD PATICIPATE 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._____