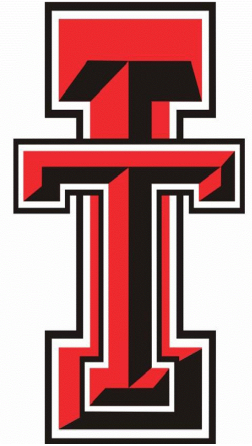


ISLAND TREES YOUTH WRESTLING



10TH ANNUAL YOUTH TED PETERSEN JUNIOR TOURNAMENT

PLACE: ISLAND TREES MEMORIAL MIDDLE SCHOOL 45 WANTAGH AVE

DATE: SUNDAY, January 29, 2017

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 27, 2016 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 ST & 2 ND	7:30-8:00 AM	8:30 AM
INTERMEDIATE	3 RD & 4 TH	7:30-8:00 AM	8:30 AM
NOVICE	5 TH & 6 TH	11:00 AM	11:30 AM
SCHOOLBOY	7 TH & 8 TH	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



USA WRESTLING CARD #: _____

Wrestler's Name: _____

Club Name: _____

Telephone: _____

DOB: _____ Age/Grade: _____ / _____ Yrs. Exp: _____

Division (check one):	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: _____