



## WILDCAT YOUTH WRESTLING TOURNAMENT

Date: February 17<sup>th</sup> 2019

weigh ins : Honor weigh in if pre registered. Must be within 2 lbs of honor weight when checked in day of tournament.

price: \$25 if pre registered / \$30 at the door

Location: Maple Hill Middle School, 1477 south schodack rd, Castleton NY 12033. Just around the corner from the high school.

Ages 5-13

Division 1-5&6 / Division 2- 7 & 8 / Division 3- 9&10 / Division 4-11-13  
madison weights will be used

Time: weigh ins 8am-9am , tournament begins at 10am sharp.

**Note: This is an honor weigh in tournament but, Kids will get on scale when they check in and must be within 2 lbs of their registered weight. Kids who are over will be allowed to wrestle but will not be eligible for awards. The award will go to the next place finisher behind them.**

**awards: Trophies** for 1st - 3rd place

**Concession:** Hot and cold food served along with beverages

**send registration and payment to:** Tom Svingala , 22 North main st, Castleton NY 12033 . **Pre-Registration must be recieved by February 14<sup>th</sup>.** We also take pre registration thru text and paypal, just give us a call to set this up.

**Questions? call Tom 518-478-3777**



**This is a Gene Mill's Eastern Nationals Qualifier tournament !!!!! Top 3 placers in each bracket qualify for the National tournament!!**

Please fill out and complete top and bottom and include parents signature

**Name:** \_\_\_\_\_ **age:** \_\_\_\_\_

**address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **grade:** \_\_\_\_\_

**School:** \_\_\_\_\_

**weight:** \_\_\_\_\_

**club:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Experience in years:** \_\_\_\_\_

**Tournaments won:** \_\_\_\_\_

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2019 Wildcat Wrestling Tournament

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Yrs of Experience: \_\_\_\_\_

Grade: \_\_\_\_ Coach: \_\_\_\_\_ Team: \_\_\_\_\_

I hereby release Lions Den Wrestling Club, its instructors, owners, participants, The Schodack Central School District, Maple Hill High/middle School, the tournament officials and referees and anyone other than myself from any and all claims regarding any accident, injury, illness or liability that may be caused in conjunction with this tournament. I will be responsible in full for all health, safety and welfare of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

Official Use Only:

Paid by Cash \_\_\_\_\_ Check # \_\_\_\_\_

\_\_\_\_\_ Date

Division: \_\_\_\_\_ Weight: \_\_\_\_\_