



# NORTHERN ADIRONDACK 37<sup>th</sup> ANNUAL MAT CAT WRESTLING TOURNAMENT

**SATURDAY, MARCH 15, 2025**

Location: NAC Middle - High School, 5572 Rt. 11 Ellenburg, N.Y.

Type of Tournament: 5 Man Round Robin (when possible).

We reserve the right to combine weight classes and change tournament type if needed.

Entry Fee: Wrestlers \$25.00 (Make checks payable to **NAC WRESTLING BOOSTER CLUB**)  
(**Double Entry requires Double Registration forms**)

Admission Fee: Adults-2.00 Students-1.00

Divisions: D1 (6&under)

D2 (7&8)

D3 (9&10)

D4 (11&12)

D5 (13&14)

Weigh-ins: 7:00am-8:00am (Proof of age required upon request)

Wrestling starts 9:00 ( Estimated)

Awards: 1<sup>st</sup>-3<sup>rd</sup> Trophies, Medals for rest of class

Food: The cafeteria will be open all day for refreshments. (**NO FOOD OR DRINKS ALLOWED IN GYM**)

Contact Information: Brad Trombley [btrombley@nacs1.org](mailto:btrombley@nacs1.org)

**\*\*\*REGISTRATION FORM IS LOCATED ON THE BACK OF THIS PAGE\*\*\***



# NAC 37<sup>th</sup> ANNUAL MAT CAT

## WRESTLING TOURNAMENT

SATURDAY, MARCH 15, 2025

**Please make checks payable to: NAC Wrestling Booster Club**

Entry Fee: \$25.00 Per Wrestler Adults \$2.00 Students: \$1.00

*(Double Entry requires Double Registration forms & Fee)*

PLEASE PRINT CLEARLY

WRESTLERS NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ (Proof of age is required upon request) DIVISION \_\_\_\_\_

(D1 6&under) (D2 7&8) (D3 9&10) (D4 11&12) (D5 13&14)

WEIGHT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

RECORD: \_\_\_\_\_ WINS \_\_\_\_\_ LOSSES

I hereby for my child and myself, waive and release any and all rights and claims for damages or injuries against the NAC Coaches, Wrestling Booster Club, Referees, Northern Adirondack Central School District, its agents, representatives and assignees for any and all injuries suffered by my child or myself at said tournament at Northern Adirondack Central School on March 15, 2025. I also understand that wrestling is a contact sport and injuries may result from participation in wrestling.

Parent Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_