

# Freeport PAL 2009 Youth Folkstyle Wrestling Tournament

Freeportlawmen@optonline.net

**DATE & TIME:** Sunday, March 8th, 2009 (mandatory check-in times noted below)

**LOCATION:** Freeport High School, 50 South Brookside Avenue, Freeport NY, New York 11520

**REGISTRATION:** Tournament will be limited to the first 350 wrestlers to register. Clubs should register as early as possible and if need be, submit weigh-ins at a later date. Must register by **Monday, March 2<sup>nd</sup> 2009**, by bring a completed application and \$25 registration fee to Freeport High School between 6:30 PM and 8:00 PM: Make checks payable to: **Freeport PAL, Inc.** A USA wrestling card is required and must be presented at registration or on the day of the tournament. Cards must be purchased through [www.themat.com](http://www.themat.com) Click on the "Membership" tab at the top of the Menu selection and you will be sent to the USA Wrestling membership page. **No refunds and no walk-in's the day of the tournament.**

**BY MAIL:** If you don't belong to or register with a club, you can register by sending a completed application and check, postmarked no later than **Thursday February 26<sup>th</sup> 2009** to: Freeport PAL Wrestling c/o Paul Stuart, 142 Weberfield Ave, Freeport, NY 11520. Weigh-in at any satellite location or at check-in on the day of the tournament.

**WEIGH-INS:** Check with your coach, club, or email Freeport PAL for satellite weigh-in locations, dates and times.  
Freeportlawmen@optonline.net  
**Madison system or round robin will be used to determine weight classes.**

**RULES:** NYS High School Scholastic rules modified for OT. Headgear and singlet are recommended.

## DIVISIONS GRADES CHECK-IN (AM) START TIME BOUT TIMES BRACKETS AWARDS

Bantam	1 <sup>st</sup> & 2 <sup>nd</sup>	8:00 - 8:30	9:00 AM	1 -1 -1 (30ro)	4-man	1st -4th place
Intermediate	3 <sup>rd</sup> & 4 <sup>th</sup>	8:00 - 8:30	9:00 AM	1 -1 -1 (30ro)	modified 8-man	1st -4th place
Novice	5 <sup>th</sup> & 6 <sup>th</sup>	11:30 - 12:00	12:30 PM	1.5 -1 -1 (1/30)	modified 8-man	1st -4th place
School Boy/Girl	7 <sup>th</sup> & 8 <sup>th</sup>	11:30 - 12:00	12:30 PM	1.5 -1 -1 (1/30)	Modified 8-man	1st -4 <sup>th</sup> place

Tournament Committee reserves the right to modify &/or adjust bout times, weight classes and divisions to promote wrestling.

**Parental supervision of children required at all times. FOOD:** Concession stand will be open during the tournament. No food or drinks allowed in the gym. **CONTACT:** [Freeportlawmen@optonline.net](mailto:Freeportlawmen@optonline.net), Dave Harrison (516) 351-0171 or Steve Louder (516) 902-8871

Parents: Cut here, keep the top section and complete the information below in clear print and hand in at registration.

### Wrestler's

**Name:** \_\_\_\_\_ **Club Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age/Grade:** \_\_\_\_\_ / \_\_\_\_\_

**Division (circle one):** **Bantam** **Intermediate** **Novice** **School Boy/Girl** **Yrs. Exp:** \_\_\_\_\_  
(1<sup>st</sup> & 2<sup>nd</sup>) (3<sup>rd</sup> & 4<sup>th</sup>) (5<sup>th</sup> & 6<sup>th</sup>) (7<sup>th</sup> & 8<sup>th</sup>)

**USAW Card#** \_\_\_\_\_

**2007-08 Honors** \_\_\_\_\_  
(State, regional, sectional and other events)

**Coach's rating (circle one):** 1 2 3 4 5 (1 is the best) **Weighed in at:** \_\_\_\_\_ **Coach's Initials:** \_\_\_\_\_

To completed by coach of club hosting the satellite weigh-in.

**Waiver:** 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 Freeport PAL Wrestling Tournament. I acknowledge that participation in this wrestling tournament is at our own risk. We hereby release and hold harmless the Freeport PAL Wrestling Club, the Freeport 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 time of his/her participation in this event.

**Wrestler's Signature:** \_\_\_\_\_ **Parent's Signature:** \_\_\_\_\_