



## 2<sup>nd</sup> Annual Strong Island Wrestling Tournament Sunday November 1, 2009

**Location:** Hofstra University  
Physical Fitness Center

**Directions:** Meadowbrook Pkwy to exit M4. West on Hempstead Tpke. Turn right at McDonalds. Left at next light. Right at next stop Sign. Left at next stop sign. Physical Fitness Center is 2<sup>nd</sup> Building On your left

**Divisions:** 9<sup>th</sup>-12<sup>th</sup>  
6<sup>th</sup>-8<sup>th</sup>

**Eligibility:** 6<sup>th</sup>-12<sup>th</sup> grade in September 2009

**Registration:** Pre-registration suggested: \$20      Walk-ins: \$25 Cash only at Door  
Pre-register by October 20<sup>th</sup>  
<http://www.strongislandwrestling.com>  
Make checks payable to: Strong Island Wrestling  
USA Wrestling Card is needed. You can sign up on line at: [www.themat.com](http://www.themat.com)

**Weigh-ins:** 7:30-8:30 -All wrestlers need to weigh-in including pre-registered wrestlers

**Skin Checks:** Athletes must be prepared and must submit to a skin disease screening prior to weigh-in. The Chief Medical Officer has full authority without appeal in determining the eligibility of an athlete to compete. Anything questionable must be accompanied by a doctors note stating the condition and that it is not active and contagious

**Competition:** Folkstyle, Championship Bracket, Semi-Final losers wrestle for 3<sup>rd</sup>, wrestlebacks for other rounds as time permits  
NYS HS Rules, Headgear Reg, 1 ½-1 ½-1 ½, 1 min. SV, two-30 sec. Crit. TB, one-30 sec UTB  
Wrestling will begin approximately at 10:00 am

**Weight Classes:** **HS:** 99, 106, 115, 122, 128, 133, 138, 143, 148, 155, 163, 174, 192, 218, 288  
**MS:** 65, 70, 75, 80, 85, 90, 95, 100, 105, 112, 119, 125, 130, 138, 145, 155, 165, 185, 215, 275

Weight classes may be combined to promote wrestling at the discretion of the tournament director

**Awards:** 1<sup>st</sup>-4<sup>th</sup> place

**Food Concession:** There will be food concession on-site

**Contact:** Zach Tanelli or Rob Anspach at 516-463-3758 for more information

# 2<sup>nd</sup> Annual Strong Island Wrestling Tournament

## Folkstyle Tournament

### Sunday- November 1, 2009

Pre-Register By October 20

(Must Have USA Wrestling Card to Pre-Register)

### REGISTRATION FORM

#### Participant's Waiver and Release from Liability

1. I, \_\_\_\_\_, the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE STRONG ISLAND WRESTLING, INC., its insurers, its affiliated administrators, agents, directors, officers, members, committees, volunteers, and any and all participants, officials, referees, coaches, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of any kind or nature, past present or future, direct or consequential that I may hereinafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any STRONG ISLAND WRESTLING, INC. event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releasor understands and acknowledges that STRONG ISLAND WRESTLING, INC. activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling's sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any STRONG ISLAND WRESTLING, INC. event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities, which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

The undersigned, \_\_\_\_\_ does hereby represent that he/she is, in fact, the parent or legal guardian of \_\_\_\_\_ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

\_\_\_\_\_  
(Signature of parent or legal guardian)                      (Date)                      (Print Name)                      (Relationship to minor)

#### Print Legibly

Wrestler's Full Name \_\_\_\_\_ Division HS  Middle

Street \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

School/Club \_\_\_\_\_ Phone # (      ) \_\_\_\_\_

Grade in School \_\_\_\_\_ USA Wrestling Card # \_\_\_\_\_

#### Seeding Criteria (Check Where Applies, IF any)

2009 HS Sectional (State Qualifier) Placement		2009 HS State Placement	
_____ 1 <sup>st</sup> Place	_____ 4 <sup>th</sup> Place	_____ 1 <sup>st</sup> Place	_____ 4 <sup>th</sup> Place
_____ 2 <sup>nd</sup> Place	_____ 5 <sup>th</sup> Place	_____ 2 <sup>nd</sup> Place	_____ 5 <sup>th</sup> Place
_____ 3 <sup>rd</sup> Place	_____ 6 <sup>th</sup> Place	_____ 3 <sup>rd</sup> Place	_____ 6 <sup>th</sup> Place

Make Checks Payable To:                      Strong Island Wrestling                      (Cash ONLY for Walk-Ins)

Mail Completed Form To:                      Strong Island Wrestling, Inc.  
 PO Box 4462  
 Hempstead, NY 11551