

**2nd Annual Kathy Wagner Memorial  
Youth Wrestling Folk Style Tournament**

DATE: Sunday, January 31<sup>st</sup>

TIME: Wrestling will start promptly at 9:00am

Check-in starts at 8:00am

LOCATION: Eastport/South Manor HS

DIVISIONS: (1st & 2nd)(3rd & 4th)(5th & 6th)(7th & 8th)

Madison system will be used to determine weight classes

Bout times up to 6th grade will be 1,1,1

7th and 8th grade will be 1 1/2, 1,1

Weigh-ins will be done by the coaches, and all weights  
and permission slips must be handed in by Wed. Jan. 27th

Please make checks payable to ESMSA Wrestling

Mail to 14 Par Dr. Manorville, NY 11949

USA cards are required

Registration fee is \$25

INFORMATION: call Keith Wagner at 631 905-7175

or e-mail me at [wrestling@esmsports.com](mailto:wrestling@esmsports.com)

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Wrestlers Name \_\_\_\_\_ DOB \_\_\_\_\_

Club Name \_\_\_\_\_ USA card # \_\_\_\_\_

Age/Grade \_\_\_\_\_ Weight \_\_\_\_\_ Phone# \_\_\_\_\_

I \_\_\_\_\_ THE PARENT OR LEGAL GUARDIAN  
OF \_\_\_\_\_ ASSUME FULL RESPONSIBILITY FORMY 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 SHARKS YOUTH  
WRESTLING TOURNAMENT. I DO ACKNOWLEDGE THAT PARTICIPATION IN THIS  
TOURNAMENT IS AT OUR OWN RISK. WE HEREBY RELEASE AND HOLD HARMLESS THE  
SHARKS YOUTH WRESTLING CLUB, THE ESM SCHOOL DISTRICT, THE TOURNAMENT  
OFFICIALS, REFEREES, OR ANY OTHER PERSON ASSOCIATED WITH THE ORGANIZATION  
OR OPERATION OF THE TOURNAMENT FOR ANY INJURIES OR LOSSES INCURRED.

WRESTLERS SIGNATURE: \_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_