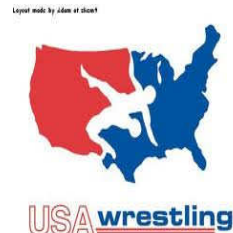




Lions Club Pre-Season Wrestling Challenge Staten Island, NY



- DATE:** Sunday, October 16, 2011
- LOCATION:** Monsignor Farrell High School, 2900 Amboy Road, Staten Island, NY 10306
- WEIGH-IN:** 730:830 AM, Satellite weigh ins available upon request
- WRESTLING:** 930 AM Start
- AGE GROUPS:** Novice Division – Born 2000/01
Schoolboy Division 1998/1999
High School Division – grades 7-12 are eligible
- FORMAT:** Madison System for Schoolboy and Novice . Weight classes will be determined after weigh-in.
HS Wgts – 99, 106, 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220, 285 – no weight allowance
Wrestlers may enter two divisions, but must pay two entry fees and submit two separate entry forms.
- RULES:** Every wrestler guaranteed 2 matches - Singlet and Headgear required.
- AWARDS:** Medals awarded for 1st, 2nd, 3rd
- ENTRY FEE:** \$25.00 Cash or make checks payable to: DGI Lions Wrestling Club
- USA Wrestling Card:** Required for ALL participants – will be for sale or you can buy at www.themat.com
- INFO:** Call Lou DeStefano (917) 847-4302 or e-mail loudestefano80@gmail.com
- ADMISSION:** Spectators \$5.00,- Children under 10 FREE
- CONCESSION:** Food will be available all day.

Wrestler Name _____ **Date Of Birth** _____
Address _____ **Age on October 2nd,** _____
City, State, Zip Code _____ **Weight** _____
Name of School/Team _____ **Phone #** _____
E-mail _____ **Years of Experience** _____

Division (circle one): **Novice** **Schoolboy** **High School**

I agree to allow my child to participate in the Lions Pre-Season Challenge Tournament; I will do so at my own risk and of my own free will.

I certify that he/she is in good health. If medical attention is required for illness or injury during tournament, I grant permission for such care to be rendered. I will not, in any way, hold liable The Lions Wrestling Club, Msgr Farrell HS, Tournament official, or referees, for any injuries or losses that I might receive, directly or indirectly, while traveling to or from, or competing therein. I understand that if my child has any suspicious skin markings that he/she may not be permitted to participate in the event/tournament without doctor's note stating that the wrestler is free of any contagious skin diseases.

I certify the information given on this registration form is correct.

PARENT/GUARDIAN SIGNATURE _____ **RELATIONSHIP** _____

PRINT NAME _____ **DATE** _____