

Sachem East KID Wrestling Club
Youth Round Robin Tournament
January 30th, 2011

Sponsored by Sachem East Wrestling Club

Date & Location: Sunday, January 30th, 2011

Sachem East High School – 177 Granny Rd. Farmingville 11738

Divisions & Times: Bantams (2003-2004), Intermediate (2001-2002)

Bantam and Intermediate will Check in 7:30 am – Wrestling begins at 8:30AM
Novice (1999-2000), Schoolboy (1997-1998)

Novice and Schoolboy will Check in 10:30AM – Wrestling begins at 11:30PM

Registration: Tournament will be limited to the first **250** wrestlers to register. **NO WALK-INS!!**

Must register by WEDNESDAY, Jan. 26th, 2011. Tee shirts will be given out

Bring a completed application and \$25 registration fee to any club hosting a Satellite weigh-in.
Make checks payable to: **Sachem East Wrestling Club**

A USA Wrestling Card: is required and must be presented at registration or on the day of the tournament. Cards can be purchased at www.themat.com Click on the “Membership” tab and you will be sent to the USA Wrestling membership page.

Years experience and coach’s rating (not parent) must be filled in or registration will be rejected. ONLY COACHES CAN CALL WITH ROSTER (NO PARENTS)

No refunds and no walk-ins the day of the tournament.

Weigh-ins: Coaches weigh their clubs in via the honor system. Weights and DOB can be challenged and will be verified at the Tournament if needed. **Coaches must email rosters and a contact name to Mickey Messina, no later than 4PM WEDNESDAY, January 26th, 2011. E-mail to messina5@optonline.net**
Questions call Mickey Messina at 631-357-0785. ** Use attached spreadsheet when emailing rosters**

Clubs may bring original registration slips and one check for the payment of fees the day of the tournament with prior permission from the tournament directors.

Format: 3 to 6 Man Round Robin Format - Scholastic Rules - Periods 1, 1, 1, and overtime if necessary. Only coaches with USA Coaching Cards permitted on mats. STRICTLY ENFORCED!

Admission: Adults \$3.00 Children \$1.00

Food: Concessions will be available throughout the day. Please note no food in gym.

Entries & Checks: make all checks payable to **Sachem East Wrestling Club. E-mail all entries to messina5@optonline.net by Wednesday Jan 26th 4pm. ****Use attached spreadsheet.****

Wrestler’s Name: _____ **Club Name:** _____

Telephone: _____ **Date of Birth:** _____ **Age/Grade:** _____ / _____

USAW Card# _____ **Weight:** _____

Division (circle one): **Bantam (2003-04)** **Intermediate (2001-02)**
 Novice (1999-00) **Schoolboy (1997-98)**

Yrs. Exp: _____ **Coach’s rating (circle one):** beg. 1 2 3 4 5 adv.

Application for Sachem East Kid Wrestling Tournament Assumption of Risk, Waiver and Release of Liability

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 THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliate clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors, and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter 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 USAW wrestling sanctioned 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 USA Wrestling sanctioned 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 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 USA Wrestling sanctioned 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 other losses to person or property, including death, and that severe social and economic losses may also 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. Furthermore 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.

NAME.....2008-2009 USAW CARD #.....
STREET..... CITY..... STATE..... ZIP.....
DATE OF BIRTH..... Age.....Grade.....Division.....
TELEPHONE..... YEARS EXPERIENCE.....
WEIGHT..... COACH-RATING (NOT PARENT) 1 2 3 4 5
CLUB NAME (for separation).....

(Signature of legal guardian) (Print Name) Date _____ Parent