

8th Annual Al Bevilacqua Massapequa Youth Wrestling Tournament

www.leaguelineup.com/massapequawrestling

DATE & TIME: Sunday, January 9, 2011 (mandatory staggered check-in times noted below)

LOCATION: Massapequa High School, 4925 Merrick Road, Massapequa, New York 11758

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.
Please register by **Thursday, December 30, 2010**.
Bring a completed application and \$25 registration fee to any club hosting a Satellite weigh-in.
Make checks payable to: **Friends of Massapequa Wrestling, Inc.**
A USA Wrestling card is **not required**.
No refunds and no walk-in's the day of the tournament.

BY MAIL: If you don't belong to or register with a participating club, you can register by sending a completed application and check, postmarked no later than **December 29th** to:
Friends of Massapequa Wrestling, P.O. Box 61, Massapequa, N.Y. 11758
You can then weigh-in at any satellite location or at check-in on the day of the tournament.

WEIGH-INS: Check with your coach, club, or see our website for satellite weigh-in locations, dates and times.
www.leaguelineup.com/massapequawrestling
Madison system will be used to determine weight classes.

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

DIVISIONS	BIRTH DATES	CHECK-IN (AM)	START TIME	BOU T TIMES	BRACKETS	AWARDS
Bantam	2003 - 2004	7:30 - 8:00	8:30 AM	1 - 1 - 1 (30ro)	4-man	1st - 4th place
Intermediate	2001 - 2002	8:30 - 9:00	9:30 AM	1 - 1 - 1 (30ro)	4 to 8-man	1st - 4th place
Novice	1999 - 2000	11:00 - 11:30	12:00 PM	1.5 - 1 - 1 (1/30)	4 to 8-man	1st - 4th place

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

ADMISSION: \$3 Adults, \$1 Children. 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: chiefswrestling@aol.com , Wayne Ciolino (516) 770-6555 & Steve Strumwasser (516) 330-2570

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** **Interm.** **Novice** **Yrs. Exp:** _____
(2003-04) (2001-01) (1999-2000)

2009-10 Honors _____

(State, regional, sectional and other events)

Coach's rating (circle one): **1 2 3 4 5**
to be completed by the competitor's club coach

Weighed in at: _____ **Coach's Initials:** _____
to be 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 Massapequa Youth Wrestling Tournament. I acknowledge that participation in this wrestling tournament is at our own risk. We hereby release and hold harmless the Friends of Massapequa Wrestling Inc, Massapequa Wrestling Club, the Massapequa 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 including skin diseases. 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:** _____