16th ANNUAL RICHIE ANDERSON MEMORIAL YOUTH & MIDDLE SCHOOL WRESTLING TOURNAMENT



SATURDAY, March 4, 2023

SNOW DAY SUNDAY, March 5, 2023

250B Route 25A, Shoreham, NY 11786-2192 **PHONE** (631) 821-8116 or **Email: swrwrestlecoach@optonline.net**

LOCATION						
GRADES K thru 6	Shoreham-Wac		begins at 8:30aı	,		
		Č	C		VADOU	7 % 7
GRADES 7 & 8		Č	g begins at 12 no			Y
FORMAT			based on grade,	weight and	experience.	
	3 matches (3, 1	minute periods	s Grades K-6)			
	(1, 1 1/2, 1 1/2	periods Grades	s 7-8) Medals w	ill be given	to ALL wres	tlers.
ENTRY FEE	•	nity Programs, 2	Make check pay 250B Rte 25A, a net	·		
WEIGH-INS	Coaches have bein by Wednesd	peen advised the lay, March 1, 2		d payments	must be	
SPECTATORS			, children under	12 are free.		
REFRESHMENTS	Food & Drinks	s will be sold or	1 site.			
NO RE	EGISTR.	4TION	SATI	THE I	DOOR	
I, successors and assigns (all herein SHOREHAM-WADING RIVER S affiliated clubs, administrators, age any and all participants, officers, applicable) owners, lessors and ope "Releases") from any and all liab consequential that I may hereinaf DISFIGUREMENT, PARALYSIS participation in, attendance at or t CAUSED BY THE PASSIVE OR A used.	Parti, the undersigned, on the undersigned of the control of	icipants Waiver on behalf of myself, by FOREVER RE THE UNITED STA tate organizations, n clubs, sponsoring a to conduct any USA causes of action of AL INJURY, PEN DSSES OR DAMAG ne USA Wrestling s	e and Release my heirs and next of ELEASE, DISCHAF ATES OF AMERIC nembers, committee, agencies, sponsors, A Wrestling sanction or losses of any kin MANENT, TEMPO GES TO PERSON of sanctioned event or	of kin, personal RGE AND CO'A WRESTLING volunteer, all eladvertisers, localed event, meet, al or nature, particular RARY, TOTAIOR PROPERTY activity includi	representatives, VENANT NOT G ASSOC., INC. mployees of USA al organizing cor practice, or active ast, present, or the L OR PARTIAL OR DEATH, an	agents, insurers TO SUE THE its insurers, it Wrestling, and mittees (and i rity (hereinafter uture, direct o DISABILITY rising out of my ed to, LOSSES
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Parent/Guardian Signature_______ Date _____