

4th Annual Kathy Wagner Memorial Youth Wrestling  
Folk Style Tournament

DATE: Sunday, February 5th

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. Feb. 1st

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#	
Coaches Rating	1	2	3	4	5

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 \_\_\_\_\_