



TOWN OF EAST HAMPTON
 159 PATIGO ROAD
 EAST HAMPTON, N.Y. 11937
 ROBERT J. RODGERS, DIRECTOR OF
 RECREATION & PARKS
 631.324.2417



"ONE BAD BUB" WRESTLING TOURNAMENT

Date: April 4, 2009
Location: EAST HAMPTON HIGH SCHOOL 2 LONG LANE, EAST HAMPTON
TIME: CHECK IN 7:30 AM – 8:30 AM WRESTLING STARTS AT 9:30 AM
GRADES: 1ST -8TH GRADES/ CLASSES (1-2) (3-4) (5-6) (7-8)
BRACKETS: ACCORDING TO WEIGHT, AGE, AND LEVEL
ENTRY FEE: \$10.00 (PERMISSION SLIP AND ENTRY FEE IS DUE AT TIME OF REGISTRATION)

TEAM REGISTRATION AND WEIGH-IN MUST BE DONE BY THE PROGRAM COACH BY CONTACTING JOSEPH OR LOUIS RUSSO BY EMAIL (josharkman@aol.com) OR CALL IN ROSTER 631.329.6643 BY April 3, 2009.

REFRESHMENTS WILL BE AVAILABLE FOR SALE

I HEREBY GIVE MY CHILD _____ PERMISSION TO PARTICIPATE AND COMPETE IN THE "ONE BAD BUB WRESTLING TOURNAMENT. I ASSUME FULL RESPONSIBILITY AND LIABILITY FOR ANY AND ALL INJURIES MY CHILD MAY SUSTAIN DURING THE COURSE OF THE EVENT. I WILL NOT HOLD THE EAST HAMPTON SCHOOL DISTRICT OR ANY INDIVIDUAL WORKING AT THE TOURNAMENT RESPONSIBLE FOR ANY SITUATIONS OR INJURIES THAT MAY ARISE. I UNDERSTAND THAT IN THE EVENT OF AN ACCIDENT OR INJURY, ONLY EMERGENCY MEDICAL CARE WILL BE PROVIDED AND I AUTHORIZE THE RENDERING OF SUCH MEDICAL CARE BE PROVIDED AS MAY BE REQUIRED.

PLEASE PRINT CLEARLY:

NAME _____ SCHOOL/CLUB _____

ADDRESS _____

PHONE NO. _____ DOB _____ AGE _____ WT. _____ GR _____ EXP. _____

WRESTLERS SIGN _____ PARENTS SIGN _____

For Information contact: Joe Russo or Louis Russo at 631.329.6643 or email: josharkman@aol.com
Coaching Staff: Joe Russo, Louis Russo, Jim Stewart, and Frank Sokolowski
Athletic Director: Joe Vasile-Cozzo

NO USA CARD REQUIRED