

8th Annual New Rochelle Spring Wrestling Tournament

Place: New Rochelle High School, 265 Clove Rd. New Rochelle, NY 10801

Date: Saturday, May 9th 2009

Participants: Open to all – ages 10 and under through high school

Entry Fee: \$20.00 if received by May 3, 2009. \$25.00 (cash) for late registrations and walk-ins are welcome. There is a maximum of 300 wrestling participants. Please make check payable to: New Rochelle Wrestling G.O. and send to:

Jim Guccione

New Rochelle High School

265 Clove Road

New Rochelle, N.Y., 10801

Weigh Ins: Staggered See Below. We reserve the right to eliminate and create new weight classes if necessary. There will be a skin check.

Rules: Folk style, every attempt will be made to give everyone two matches. Time periods: 9-14 years of age 1-1-1, 15-18 years of age 2-1-1. Proof of age may be required if questioned.

Awards: 1st – 3rd place medals

If you have any questions regarding the tournament please feel free to call Jim Guccione (914) 576-4577 (Day) or Paul Williams (914) 381-2760 (Evening)

This is a USA Sanctioned Event Membership cards are available by going to TheMat.com and clicking under membership. No cards at the door. AGE is determined as of 5/9/2009 Weight Classes:

10 and under Madison Weights, Weigh Ins 7-8A.M. – Wrestling Begins 8:45A.M.

11-12 Madison Weights, Weigh Ins 7-8A.M. – Wrestling Begins 8:45A.M.

13-14 Middle School – No Var. EXP: Madison Weights, Weigh Ins 9-10A.M. – Wrestling Begins 11:00 A.M.

15-18 High School weight +3 ie 103 = 106 Weigh Ins 9-10A.M. – Wrestling Begins 11:00 A.M.

Sign, detach and return with check payable to: **NEW ROCHELLE WRESTLING G.O.**

\$20.00 if paid by May 3rd, 2009. \$25.00 for late registration.

Wrestler's Name _____

Date of Birth: _____ Age Group _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip _____

School/Club: _____

Current USA Card # _____ In consideration of this entry being accepted, I hereby for my son, waiver and release any and all rights and claims for damages I may have against the New Rochelle Huguenot Wrestling Club, The New Rochelle City School District, and USA Wrestling, their agents, representatives, officials, volunteers, and assigns for any and all injuries suffered by my child at said tournament. I take full responsibility for my child's participation in this tournament.

Signature of Parent: _____ Date: _____

Name of Wrestler _____