

**ST. PATRICKS DAY WRESTLING FESTIVAL**  
**SATURDAY MARCH 18<sup>TH</sup>, 2017**  
**K – 8<sup>th</sup> GRADE**

Walt Whitman High School North Gym  
301 West Hills Rd, Huntington Station 11764

**REGISTRATION AND WEIGH IN:**

**HONOR WEIGH-IN BY CLUB COACH OR MIDDLE SCHOOL COACH**

E-MAIL ENTRIES, GRADE, COACHES RATING (1-5) & WEIGHTS TO: [DIGGER11@OPTONLINE.NET](mailto:DIGGER11@OPTONLINE.NET)  
BY MONDAY MARCH 13<sup>TH</sup>

LIMITED TO 300 WRESTLERS

**BRING ALL FEES AND PERMISSION SLIPS TO TOURNAMENT ON SATURDAY. NO WALK-INS.**

**WEIGHT CLASSES:**

MADISON WEIGHT SYSTEM / ROUND ROBIN FOR GRADES K-8

DIVISIONS: K, 1-2, 3-4, 5-6, 7-8

Tournament Director reserves the right to modify weight classes

**ENTRY FEE:**

\$30.00 CHECKS PAYABLE TO: **WILDCAT WRESTLING CLUB**

**ALL WRESTLERS MUST HAVE A USA WRESTLING CARD.**

**Adult Spectators: \$5.00/Adult, \$1.00/Kids**

**WRESTLING:**

**K – 2<sup>nd</sup> GRADE CHECK IN:**

**8:00AM – WRESTLING STARTS @ 8:30 AM**

**3<sup>rd</sup> - 4<sup>th</sup> GRADE CHECK IN:**

**9:00 AM - WRESTLING STARTS @ 9:30 AM**

**5<sup>TH</sup> – 6<sup>TH</sup> GRADE CHECK IN:**

**11:00 AM - WRESTLING STARTS @ 11:30PM**

**7<sup>TH</sup> – 8<sup>TH</sup> GRADE CHECK IN:**

**12:30 PM- WRESTLING STARTS @ 1:00 PM**

BOUTS ARE 3 ONE MINUTE PERIODS. MEDALS WILL BE GIVEN TO ALL PARTICIPANTS.  
NYS FEDERATION RULES APPLY.

**CONCESSION STAND WILL BE AVAILABLE**

FOR FURTHER INFORMATION CONTACT: BRIAN DEGAETANO (631) 278-0586

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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 Wildcat Youth Wrestling tournament. I acknowledge that participation in this wrestling tournament is at our own risk. We hereby Release and hold harmless the Wildcat Wrestling Club, the South Huntington 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.

*Parent's Signature:* \_\_\_\_\_

WRESTLERS NAME \_\_\_\_\_ PARENTS SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_ SCHOOL/CLUB \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

2017 USA CARD # \_\_\_\_\_

**Coach's rating (circle one): 1 2 3 4 5**

**COMPLETED BY CLUB COACH.**