



2019 Hofstra Wrestling Ken Lesser Memorial Summer Heat Clinic & Folkstyle Tournament Sunday, July 28, 2019



Location: Hofstra University David S. Mack
Sports and Exhibition Complex
Hempstead, NY 11549

Directions: Meadowbrook Pkwy to exit M4. West on
Hempstead Tpke. Hofstra will be about ¾ of a mile on
your right. Ask for the David S. Mack Arena (new arena
next to the PFC).

Divisions: *High School:* 9-12 Grade or 8 grade if past varsity experience in 2018-2019 season. **Graduated Seniors must compete in the open Division.**

Mandatory Weigh-Ins: *High School Divisions:* 7:30AM-8:30AM
Open Division: 10:30AM-11:00AM

Skin Check: Athletes must be prepared and must submit to a skin disease screening prior to weigh-ins. The Chief Medical Officer has full authority without appeal in determining the eligibility of an athlete to compete. Anything questionable must be accompanied by a doctor's note on the official HS form stating the condition and that it is not active and not contagious. Doctor's form can be found here: NYSPHSAA Skin Form
<http://nysphsaa.org/Portals/0/PDF/Sports/Wrestling/2018-19/Wrestling%20Skin%20Infection%20form%20-%202018.pdf>

Competition: *Folkstyle, Championship Bracket, Wrestleback to third from the quarters- Losers get at least two matches if possible*
NYS HS Rules with College out of bounds (Headgear Suggested)
Periods: 1 ½, 1 ½, 1 ½ with 1 min SV, two :30 sec tiebreakers and one :30 UTB
HS/JH Division: Start Approximately 9:30am **Open Division:** Start Approximately Noon

Weight Classes: **HS Division:** 102, 109, 116, 123, 129, 135, 141, 148, 155, 163, 173, 185, 198, 223, 288
Open Division: Madison Weights

Awards: 1-4 3" Medals

Food Concession: There will be food concessions on-site

Contact: Tournament Directors Tim Flick-tflick1@bluewavewrestling.org Mike Patrovich-631trained@gmail.com
(631) 392-8777 631-300-7677

Registration & Cost: *Early Bird Fee \$35* **Must register before July 11**
Team Rate (10+ Wrestlers) \$30
REGISTRATION after July 11- \$40 **Registration closes on Thursday, July 25**
Team Rate (10+ Wrestlers) \$35
ALL TEAM REGISTRATION CONTACT MIKE PATROVICH
Registration closes at 350 wrestlers **ABSOLUTELY NO WALK-INS!!!**

NO CHANGING WEIGHT CLASSES AFTER JULY 25 without \$10 Fee (No USA Card Needed)

Registration Link: <https://events.flowrestling.org/event/8385f455-f621-4320-8ebd-56ba81787e8d/summary>

There will be a clinic by the Hofstra Wrestling Staff & wrestlers prior to the start of the tournament

Spectator Entry: \$3 Adults Children & Students FREE

****ALL PROCEEDS GO TO SUPPORT HOFSTRA WRESTLING****

HOFSTRA ATHLETICS
MEDICAL AND LIABILITY RELEASE FORM
NAME OF ACTIVITY Summer Heat Wrestling Tournament

PLEASE NOTE: Each participant must present a completed form at registration. If the participant is under the age of eighteen (18) years, the form must be completed by participant's parent or legal guardian. Any participant who does not present the form at the activity/event will not be permitted to participate. **PLEASE DO NOT MAIL THIS FORM TO HOFSTRA UNIVERSITY.**

Participant's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

E-mail: _____

Emergency Contact if Parent/Guardian cannot be reached:

Name: _____

Cell Phone: _____

MEDICAL HISTORY

Allergies: _____

Current Medications: _____

I hereby state that I am in good health, have been to a physician within the past year and am physically able to participate in the activities/event sponsored by the Hofstra University Spirit Support team(s).

Should I become injured during the activity/event I hereby grant permission to Hofstra University, Hofstra University Health and Wellness Center Staff members, Hofstra University trainers and/or Hofstra University coaches to arrange for my transportation to a hospital and/or administer immediate first aid as deemed necessary.

NOTICE TO ALL PARTICIPANTS

Please be advised that you are participating in the above-referenced activity ("Activity") **at your own risk**. You are solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with your participation in the above Activity.

Further, you agree to hold Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of your participation in the above Activity.

ACKNOWLEDGMENT AND RELEASE

By signing this document I acknowledge that I am participating in this Activity individually and at my own will.

I agree, beginning as of the date of execution of this Release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures") and/or audio recordings ("Recordings") may be taken of me, individually or with others, by or on behalf of Hofstra University in connection with this Activity, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University and that such rights are freely assignable by Hofstra University.

I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings may be used, reproduced or otherwise disseminated or published by or on behalf of Hofstra University directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that Hofstra University desires.

For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge Hofstra University, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings.

I hereby warrant that I am eighteen (18) years of age or older and competent to contract in my own name in so far as the above is concerned or that if I am under eighteen (18) years of age, my parent or legal guardian has reviewed and signed this Notice, Acknowledgment and Release. I have read the foregoing before affixing my signature below, and warrant that I agree with and fully understand the contents thereof.

Date: _____

Name: _____

Signature: _____