

Lions Wrestling Club Pre-Season Wrestling Tournament

DATE: Sunday, October 9, 2022
LOCATION: Msgr. Farrell High School, 2900 Amboy Road, Staten Island, NY 10306
WEIGH-IN: Staggered Start - Satellite Weigh-ins available upon request
WRESTLING: **Bantam Born 2014/15 Weigh-ins 7:30-8:30am Wrestling begins at 9:30**
AGE GROUPS: **Intermediate 2012/13 Weigh-ins 7:30-8:30am Wrestling begins at 9:30**
Novice – Born 2010/11 Weigh-ins 9:00-10:00am Wrestling begins at 11:00
School Boy – Born 2008/09 Weigh-ins 9:00-10:00am Wrestling begins at 11:00
High School–Gr 8–12th eligible Weigh-ins 10:30-11:30am Wrestling begins at 12:30
FORMAT: **Madison System for Schoolboy, Novice, Intermediate, Bantam Divisions**
Weight classes will be determined after weigh-in.
HS Weights – 102, 110, 118, 126, 132, 138, 145, 152, 160, 172, 189, 215, 285 – no weight allowance
Wrestlers may NOT enter two divisions,
RULES: Every wrestler guaranteed 2 matches – Singlet & headgear required
AWARDS: Medals awarded for 1st, 2nd, 3rd
ENTRY FEE: \$35.00 cash or check –payable to Friends of Lions Wrestling
Register online at wrestlereg.com
USA WRESTLING CARD: Required for ALL participants
INFO: Email coach: Peter Hamm at farrellionswrestlingclub@yahoo.com
ADMISSION: Spectators \$5.00 – Children 10 and under FREE
CONCESSION: Food will be available for purchase

Wrestler's Name: _____ **Date of Birth:** _____

Address: _____ **Age on Oct. 10th:** _____

City, State & Zip: _____ **Weight:** _____

Name of School/Team: _____ **Phone #:** _____

Email: _____ **Years of Experience:** _____

Division: (circle one) Bantam Intermediate Novice Schoolboy High School

I agree to allow my child to participate in the Lions Pre-Season Challenge Tournament; I will do so at my own risk and of my own free will. I certify he/she is in good health. If medical attention is required for illness or injury during the tournament, I grant permission for such care to be rendered. I will not, in any way, hold liable The Lions Wrestling Club, Friends of Lions Wrestling, Msgr. Farrell HS, Tournament official or referees, Cardinal Timothy Dolan, The Archdiocese of New York for any injuries or losses that I might receive directly or indirectly, while traveling to or from or competing therein. I understand that if my child has any suspicious skin markings that he/she may not be permitted to participate in the event/tournament without the doctor's note stating that the wrestler is free of any contagious skin diseases.

I certify that the information given on this registration form is correct.

Parent/Guardian Signature: _____ **Relationship:** _____

Print Name: _____ **Date:** _____