

# Matthew P. Sapolin Memorial Youth Wrestling Tournament @ Islip

**Date: Sunday, January 14, 2024**

Please make sure to arrive 1 hr. before start time as wrestling may begin earlier than start time.

**Time:**

Check in time for Kindergarten through 2<sup>nd</sup> grade 7:30 AM Wrestling Begins @ 8:30 AM.

Check in time for 3<sup>rd</sup> grade through 6<sup>th</sup> grade 9:30 AM Wrestling begins @ 10:30 AM

Check in time for 7<sup>th</sup> and 8<sup>th</sup> grade 11:30AM Wrestling begins @ 1:00 PM

**Location: Islip High School 2508 Union Blvd Islip.**<sup>[SEP]</sup>

**Registration:** Make Check for \$30.00 registration fee to **Islip Wrestling Club**.

A USA Wrestling card is required and the number should be on the registration form. There will be no walk-ins allowed.

Online Registration- <https://form.jotform.com/83007130256143>

**Divisions: Grades**

**Kindergarten (take down tournament)**<sup>[SEP]</sup>

1<sup>st</sup> & 2<sup>nd</sup> (1-1-1) 3<sup>rd</sup> & 4<sup>th</sup> (1-1-1) 5<sup>th</sup> & 6<sup>th</sup> (1-1-1) 7<sup>th</sup> & 8<sup>th</sup> (1 1/2 -1-1)

**Weights Classes:** Madison Weights will be used with 4-6 man round robin brackets.

**All Competitors will receive a medal.**

**Honor Weigh in:** However, a scale will be on sight and if your weight is challenged and your weight is not within 3 pounds of the weight on the application you will be removed from the tournament and no refund will be issued.

**\*\*\*Admission for Spectators: FREE\*\*\***

Food and beverages will be available for sale. Apparel will be available for sale.

For more information contact Jason Spahn @ [islipkidwrestling@yahoo.com](mailto:islipkidwrestling@yahoo.com)

or call Jason Spahn @ 631-807-5259 or Contact KC Beach @ 631-365-1061

Club coaches may submit list of participants in **EXCEL FORMAT** or drop off at Islip High School Wrestling Room on Tuesday, January 9<sup>th</sup> or Thursday, January 11<sup>th</sup> from 5:30-8:00PM

**Mail applications must be received by January 11th**

**Make check payable to: Islip Wrestling Club**

**Mail to: Jason Spahn 388 Smith Ave Islip, NY 11751**

# Matthew P. Sapolin Memorial Youth Wrestling Tournament @ Islip

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Weight \_\_\_\_\_ Grade \_\_\_\_\_ Telephone# \_\_\_\_\_

Skill Level Circle 1 2 3 4 5 with 5 **Being the Highest**

2020 USA Wrestling Card # \_\_\_\_\_ Team \_\_\_\_\_

Waiver and Release from Liability<sup>[SEP]</sup>1. I, \_\_\_\_\_ the undersigned, on behalf of myself, my heirs, and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliate clubs, administrators,<sup>[SEP]</sup>agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors, and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity<sup>[SEP]</sup>(all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present<sup>[SEP]</sup>or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USAW wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.<sup>[SEP]</sup>2. The releasor understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision, or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.<sup>[SEP]</sup>3. Releasor acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and other losses to person or property, including death, and that severe social and economic losses may also result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence<sup>[SEP]</sup>of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Furthermore, Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.<sup>[SEP]</sup>**I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.**

\_\_\_\_\_  
(Participants Signature) (Printed Name)

(Date) The undersigned \_\_\_\_\_ does hereby represent that he/she is, in fact, the parent/guardian of \_\_\_\_\_ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release. \_\_\_\_\_ (Signature of Parent/Legal Guardian) (Print Name)

(Date) (Relationship to Minor)