## Lions Wrestling Club Pre-Season Wrestling Tournament

Msgr. Farrell High School, 2900 Amboy Road, Staten Island, NY 10306

Sunday, September 8th, 2024

**DATE:** 

**LOCATION:** 

WEIGH-IN:	Staggered Start - Satellite Weigh-ins available upon request					
WRESTLING:	Bantam Born 2017/18 Weigh-ins 10:00am-10:30am Wrestling begins at 11:00am					
<b>AGE GROUPS:</b>	Intermediate 2015/16 Weigh-ins 10:00am-10:30am Wrestling begins at 11:00am					
	Novice – Born 2013/14 Weigh-ins 11:00-11:30am Wrestling begins at 12:00					
	School Boy– Born 2011/12 Weigh-ins 11:00-11:30am Wrestling begins @ 12:00					
	High School–Gr 8–12th eligible Weigh-ins 12:00-12:30am Wrestling begins at 1:00p					
	Open Division- 17 years of age and older will split into 2 groups					
FORMAT:	Madison System for Schoolboy, Novice, Intermediate, Bantam Divisions					
	Weight classes will be determin					
	<b>HS Weights</b> – 103, 110, 118, 126, 132, 138, 144, 150, 157, 165, 175, 190, 215, 285 – no					
	weight allowance					
	<b>Open Division:</b> 17 years old and above SUMO Style Pushouts only (Best of 3)					
	Wrestlers may NOT enter two divisions,					
<b>RULES:</b>	Every wrestler guaranteed 2 matches – Singlet & headgear required					
AWARDS:	Medals awarded for 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup>					
ENTRY FEE:	\$35.00 cash or check –payable to Friends of Lions Wrestling					
	Register online at <a href="https://www.wrestlereg.com">www.wrestlereg.com</a> Walk-ups \$40 day of					
	G CARD: Required for ALL participants					
INFO:	Email coach: Peter Hamm at farrelllionswrestlingclub@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 Sept 8 <sup>th</sup> 2	2024:		
City, State & Zip:			Weight:			
Name of School/Team:			Phone #:			
Email:				Years of Experience:		
Division: (circle one	e) Bantam Intermediate N	ovice	Schoolboy	High School Open		
			•	•		
	participate in the Lions Pre-Season Challeng					
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						
	rein. I understand that if my child has any su ne doctor's note stating that the wrestler is fre			may not be permitted to participate in	the	
	-	•	_			
I certify that the info	rmation given on this registration	form is c	orrect.			
Parent/Guardian Sign	nature:		Relationship	o:		
Print Name:			Date:			