

## **Petrides Summer Wrestling Tournament**

**Place:** Petrides High School 715 Ocean Terr. Staten Island, NY 10301

**Date:** Saturday August 7<sup>th</sup>, 2010

**Participants:** Open to all – ages 10 and under through high school

**Entry Fee:** \$20.00 if received by August, 1st 2010. \$25.00 (cash) for late registrations and walk-ins are welcome. There is a maximum of 250 wrestling participants. Please make check payable to: Petrides Panthers Wrestling Booster Club

John Cichon

224 Bryson Ave

Staten Island, NY 10314

**Weigh Ins:** Staggered See Below. We reserve the right to eliminate and create new weight classes if necessary. There will be a skin check.

**Rules:** Folk style, every attempt will be made to give everyone minimum two matches. Time periods: 9-14 years of age 1-1-1, 15-18 years of age 2-1-1. Proof of age may be required if questioned.

**Awards:** 1<sup>st</sup> – 3<sup>rd</sup> place medals

**If you have any questions regarding the tournament please feel free to call John Cichon (845) 321-4109 or Dave Olah (646) 361-5138**

This is a USA Sanctioned Event Membership cards are available by going to TheMat.com and clicking under membership. **No cards at the door.** AGE is determined as of 5/15/2010 Weight Classes:

10 AND UNDER, 11-12 YR.OLD, 13-14-MIDDLE SCHOOL(no varsity experience) ALL WEIGH-IN 8-9 AM (MADISON WEIGHTS) AND BEGIN WRESTLING AT 9:45

15-18 HIGH SCHOOL (MADISON WEIGHTS) Weigh Ins 10-11A.M. Wrestling Begins 12:00pm

Sign, detach and return with check payable to: **Petrides Panther Wrestling Booster Club** \$20.00 if paid by August 1, 2010. \$25.00 for late registration. CASH ONLY

Wrestler's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Group \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_

Current USA Card # \_\_\_\_\_ In consideration of this entry being accepted, I hereby for my son, waiver and release any and all rights and claims for damages I may have against the Petrides Panthers Wrestling Club and Booster, NYC School District, and USA Wrestling, their agents, representatives, officials, volunteers, and assigns for any and all injuries suffered by my child at said tournament. I take full responsibility for my child's participation in this tournament.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Wrestler \_\_\_\_\_