



VICTORY WRESTLING CLUB PRESENTS  
**VICTORY FALL BRAWL**  
**2011**  
**EDISON, NJ.**



**DATE:** Sunday, October 2, 2011

**LOCATION:** NJSA, 76 Carter Dr., EDISON, NJ. 08817

**WEIGH-IN:** Saturday, October 1, 2011 5-8 PM for all division (NJSA-Edison)  
 Satellite weigh-ins will be announced on the NJ.com wrestling forum (1 week prior)

**WRESTLING:** 9:00 AM – 7U, 10U, 14U  
 2:00 PM - High School

**AGE GROUPS:** 7 & under, 10 & under, 14 & under, High School

**FORMAT:** Madison System. Weight classes will be determined after weigh-in. All wrestlers will get at least two matches.  
 Wrestlers may enter two divisions, but must pay two entry fees and submit two separate entry forms.

**RULES:** Modified NJSIAA Rules. Double elimination.  
 Bout Lengths: U7, U10, U14: 1-1-1; High School 1 ½ - 1 ½ - 1 ½  
 Singlet and Headgear required.  
 No seeding of weight classes.

**AWARDS:** Medals awarded for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

**ENTRY FEE:** \$25.00 if received by September 28<sup>th</sup>, 2011. \$5 Late registration fee (after September 28<sup>th</sup>.)  
 Make checks payable to: VICTORY WRESTLING CLUB  
 Mail to: Victory Wrestling Club, 76 Carter Dr., EDISON, NJ. 088 17 **(With completed registration).**

**INFO:** Call Joe Kepic (732) 619 0215 or e-mail [joe@victorywrestlingnj.com](mailto:joe@victorywrestlingnj.com)

**ADMISSION:** Spectators \$5.00,- Children under 10 FREE

**CONCESSION:** Food will be available all day.

Wrestler Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_ Age on October 2<sup>nd</sup>, \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Weight \_\_\_\_\_

Name of School/Team \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Years of Experience \_\_\_\_\_

**Division (circle one):** U7 U10 U14 HS **Shirt Size** Youth S M L XL Adult S M L XL

I agree to allow my child to participate in the VICTORY FALL BRAWL Tournament; I will do so at my own risk and of my own free will.

I certify that he/she is in good health. If medical attention is required for illness or injury during tournament, I grant permission for such care to be rendered. I will not, in any way, hold liable The Victory Club owners, NJSA, Tournament officials, The Town of EDISON or referees, 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 doctor's note stating that the wrestler is free of any contagious skin diseases.

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

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_