

FOLKSTYLE MEETS FREESTYLE

SUMMER WRESTLING MAKES WINTER CHAMPIONS

NY-USA WRESTLING TOURNAMENT

SATURDAY, MAY 21, 2011

CENTER MORICHES HIGH SCHOOL

311 FROWEIN ROAD, CENTER MORICHES, NEW YORK 11934

ELIGIBILITY: ALLOPEN, JUNIOR, CADET , SCHOOLBOY/SCHOOLGIRL, INTERMEDIATE AND ELEMENTARY LEVEL WRESTLERS

FORMAT: MADISON WEIGHTS

Athletes—USAW Competitors Card; **Coaches**--USAW Coaches Card

UNIFORM: RED AND BLUE SINGLET OR RED/BLUE REVERSIBLE SINGLET--AVAILABLE FOR SALE THE MORNING OF THE TOURNAMENT.

HEAD GEAR REQUIRED FOR THOSE BELOW JUNIOR DIVISION

ENTRY FEE: \$25 checks payable to NY-USAW Section XI

AWARDS: MEDALS 1ST -4TH PLACE

REGISTRATION/ WEIGH-IN AND SKIN CHECK: SATURDAY, MAY 21, 2011, 8:00AM-9:00AM

TECHNIQUE CLINIC 9:00AM-9:45AM

RULES CLINIC: ATHLETES AND COACHES, 9:45AM

OFFICIALS' CLINIC: 9:30AM

WRESTLING BEGINS 10:00AM—TWO(2) FREESTYLE MATCHES FOLLOWED BY TWO(2) FOLKSTYLE MATCHES

FOR INFORMATION CONTACT: M. HAISE AT mhaise@hotmail.com(631-539-6145) OR D. ZENIE AT

rdzenie@aol.com(631-748-2951).

NAME _____ **DATE OF BIRTH** _____

STREET _____ **CITY** _____

STATE _____ **ZIP** _____ **E-MAIL ADDRESS** _____

TELEPHONE _____ **2011- USAW CARD #** _____

We, the parents/guardians of _____ assume full responsibility for our child in case of any injuries he or she may receive traveling to, during or traveling from the wrestling tournament held Center Moriches High School on May 21, 2011, or associated with registration and/or weigh ins. This contest indicates that we will assume all responsibilities for accident insurance and will hold harmless the tournament officials, referees, volunteers, coaches, all members of the center Moriches School District and their agents.

Parent/Guardian Signature _____

Signature indicates permission to participate as well as acknowledgement of adequate medical coverage in case of injury, and permission to publish any and all photos, videos, and information regarding participants in the event(s).