

5th Annual Island Trees-Ted Petersen Youth Wrestling Tournament

DATE & TIME: Sunday, January 15, 2012 (mandatory check-in times noted below)

LOCATION: Island Trees High School, 59 Straight Lane, Levittown NY 11756

REGISTRATION: Tournament will be limited to the first 350 wrestlers to register.
 Clubs should register as early as possible and if need be, submit weigh-ins at a later date.
 Must register by **January 11, 2012**
 Application must be completed along with **\$25.00** entry fee
 Make checks payable to: **Island Trees Youth Wrestling.**
A USA Wrestling card is required
No refunds and no walk-in's the day of the tournament.

WEIGH-INS: Check with your coach or club for satellite weigh-in locations, dates and times.
 NOTE: SATELLITE WEIGH-INS ARE ACCEPTED, HOWEVER WE WILL BE VERIFYING WEIGHTS LISTED ON THE DAY OF THE TOURNAMENT

RULES: NYS High School Scholastic rules modified for OT. Headgear and singlet are recommended.

DIVISIONS	GRADES	CHECK-IN (AM)	START TIME
Bantam	1 st & 2 nd	7:30 - 8:00	8:30 AM
Intermediate	3 rd & 4 th	7:30 - 8:00	8:30 AM
Novice	5 th & 6 th	11:00	11:30 PM
Schoolboy	7 th & 8 th	11:00	11:30 PM

Tournament Committee reserves the right to modify &/or adjust bout times, weight classes and divisions to promote wrestling.

ADMISSION: \$3 Adults, \$1 Children. Parental supervision of children required at all times.

FOOD: Concession stand will be open during the tournament. No food or drinks allowed in the gym.

CONTACT: **Pete Butrico @ (516) 396-1518, cell (516) 813-6257 or email bbutrico@gmail.com.**

Parents: Cut here, keep the top section and complete the information below in clear print and hand in at registration.

Wrestler's Name: _____ **Club Name:** _____

Telephone: _____ **Date of Birth:** _____ **Age/Grade:** _____ / _____

Division (circle one): **Bantam** (1st & 2nd) **Intermediate** (3rd & 4th) **Novice** (5th & 6th) **Schoolboy** (7th & 8th) **Yrs. Exp:** _____

2009-10 Honors _____
 (State, regional, sectional and other events)

Coach's rating (circle one): 1 2 3 4 5 **Weighed in at:** _____ **Coach's Initials:** _____

Waiver: I _____ the parent or legal guardian of _____ assume full responsibility for my child in case of any injuries or losses that he/she may incur or suffer directly or indirectly, from training, traveling to or from, or participating in the Island Trees Wrestling Tournament. I acknowledge that participation in this wrestling tournament is at our own risk. We hereby release and hold harmless the Island Trees Wrestling Club, the Island Trees School District, tournament officials, referees and/or any other persons associated with the organization or operations of the tournament for any injuries or losses incurred. I also attest that my child has adequate medical coverage at the time of his/her participation in this event.

Wrestler's Signature: _____ **Parent's Signature:** _____

