



LIONS CLUB PRE-SEASON WRESTLING CHALLENGE

STATEN ISLAND, NEW YORK



DATE: Sunday, October 8, 2017
LOCATION: Msgr. Farrell High School, 2900 Amboy Road, Staten Island, NY 10306
WEIGH-IN: 7:30-8:30 am, Satellite Weigh-ins available upon request
WRESTLING: See below for start times by age
AGE GROUPS: **Bantam** – Born 2010/11 – **Weigh-ins 7:30-8:30am wrestling begins 9:30am**
Intermediate – Born 2008/09 **Weigh-ins begin 7:30-8:30am wrestling begins 9:30am**
Novice – Born 2006/07 **Weigh-ins begin 9-10:00am wrestling begins 11:00am**
School Boy – Born 2004/2005 **Weigh-ins begin 9-10:00am wrestling begins 11:00am**
High School grs 8–12 eligible **Weigh-ins begin 10:30-11:30a wrestling begins 12:30p**

FORMAT: **Madison System for Bantam/ Intermediate and Schoolboy/Novice.**
 Weight classes will be determined after weigh-in.
HS Weights - 99, 106, 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220, 285 –
 no weight allowance *******Wrestlers may not enter two divisions.** *****

RULES: Every wrestler guaranteed 2 matches – Singlet & headgear required
AWARDS: Medals awarded for 1st, 2nd, 3rd
ENTRY FEE: \$30.00 cash or check –payable to Friends of Lions Wrestling, Inc.
Preregistration: Discounted to \$25.00 Register Online @ www.wrestlereg.com tournament entry
 Bring payment day of event if you preregister

MAIL APPLICATION TO: Friends of Lions Wrestling, Inc., 2819 Hylan Boulevard, SI, N.Y. 10306
USA WRESTLING CARD: Required for ALL wrestlers –will be for sale onsite or online www.themat.com
INFO: Email Coach: Peter Hamm at farrellionswrestlingclub@yahoo.com
ADMISSION: Spectators \$5.00 – Children 10 and under FREE
CONCESSIONS: Food will be available all day for purchase

Wrestler’s Name: _____ **Date of Birth:** _____

Address: _____ **Age on Oct. 8th :** _____

City, State & Zip: _____ **Weight:** _____

Name of School/Team: _____ **Phone #:** _____

Email: _____ **Years of Experience:** _____

Division: (circle one) Bantam Intermediate Novice Schoolboy High School

I agree to allow my child to participate in the Lions Pre-Season Challenge Tournament; I will do so at my own risk and of my own free will. I 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, Msgr. Farrell HS, Tournament official 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 the doctor’s note stating that the wrestler is free of any contagious skin diseases.

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

Parent/Guardian Signature: _____ **Relationship:** _____

Print Name: _____ **Date:** _____