



# King of the East Youth Wrestling Championships Saturday, January 26<sup>th</sup>, 2019

Hofstra University David S. Mack Arena  
245 Hofstra Northern Blvd  
Hempstead, NY 11549



## **Divisions & Weight Classes:**

We reserve the right to combine weight classes based on attendance! NO REFUNDS

### **Tot (Born 2013/2014):**

38, 42, 46, 50, 54, 60, 65, 75+ (95 max)

### **Bantam (Born 2011/2012):**

45, 50, 55, 60, 65, 70, 75, 80, 85, 90, 95+ (120 max)

### **Intermediate (Born 2009/2010):**

49, 53, 56, 59, 63, 67, 72, 77, 84, 93, 105, 120+ (150 max)

### **Novice (Born 2007/2008):**

62, 67, 72, 77, 82, 87, 93, 99, 106, 115, 125, 140+ (200 max)

### **Schoolboy (Born 2005/2006)**

75, 80, 85, 90, 96, 102, 110, 119, 128, 140, 150, 165, 190+ (220 max)

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## **Skin Check:**

Athletes must be prepared and must submit to a skin disease screening prior to weigh-ins. The Chief Medical Officer has full authority without appeal in determining the eligibility of an athlete to compete. Anything questionable must be accompanied by a doctor's note stating the condition and that it is not active and not contagious.

## **Mandatory**

**Friday Night- All ages:** 6pm-7pm

## **Weigh-Ins:**

**Saturday morning- Tot, Bantam, Intermediate:** 7:00-8:00 am **Novice & Schoolboy:** 10:30-11:30am

**ALL WEIGH-INS ARE IN THE ARENA**

**\*\*No satellite weigh-ins\*\* LAST DAY TO CHANGE WEIGHT CLASSES WITHOUT PENALTY IS JANUARY 22<sup>nd</sup> (NO EXCEPTIONS)**

**\*If you fail to make your registered weight on Saturday, there will be a \$10 penalty to move up a weight! Please choose your weight carefully and meet the January 22<sup>nd</sup> deadline to alter your weight class.**

## **Competition:**

Folkstyle, Championship Bracket, Full Wrestlebacks

NYS HS Rules with College out of bounds (Headgear Suggested)

Tot & Bantam Periods: 1, 1, 1 with with 1 min SV, one :30 UTB (first pt scored choice)

Intermediate, Novice & Schoolboy Periods: 1, 1 ½, 1 ½ with 1 min SV, one :30 UTB (first pt scored choice)

START TIMES: **Tot, Bantam, Intermediate:** 9:00 am **Novice & Schoolboy:** 12:30 pm

## **Awards:**

CHAMPION - KINGS CROWN & Medal 1st-4th Place- Medals



TEAM TROPHIES FOR 1<sup>ST</sup>-3<sup>RD</sup> PLACE TEAM!

**\*\*ALL WRESTLERS REGISTERED WITH YOUR TEAM/CLUB SCORE POINTS!\*\***

## **Food Concession:**

There will be food concessions on-site

## **Contact:** Tournament Directors

Tim Flick-[tflick1@bluewavewrestling.org](mailto:tflick1@bluewavewrestling.org)  
(631) 392-8777

Mike Patrovich-[631trained@gmail.com](mailto:631trained@gmail.com)  
(631) 300-7677

## **Registration & Cost:**

Early Bird Fee \$47 \*\*Must register before January 8<sup>th</sup>\*\*

Registration after January 8<sup>th</sup>- \$55 Registration closes on Tuesday, January 22nd

Registration closes at 450 wrestlers \*\*ABSOLUTELY NO WALK-INS!!\*\*

**NO CHANGING WEIGHT CLASSES AFTER JANUARY 22<sup>nd</sup> (NO EXCEPTIONS) without \$10 penalty**

## **Registration Link:**

<https://events.flowrestling.org/event/26b8fdee-fff8-8f34-a093-eccc21a08851/registration>

Go to [www.longislandwrestling.org](http://www.longislandwrestling.org) → Calendars → January 26<sup>th</sup> King of the East

## **Spectator Entry:**

Adults- \$10

Children- \$3

Children Under 5- FREE

Coaching Pass- \$15: Teams with 10+ Registrants get free coaching pass

**\*\*This entry fee includes the price of entry to the Hofstra vs. Rider (12pm) & Hofstra vs Bucknell match at 7pm as well as the tournament!\*\***

**KING OF THE EAST**  
**MEDICAL AND LIABILITY RELEASE FORM**  
**NAME OF ACTIVITY King of the East Wrestling Tournament 2019**

**PLEASE NOTE:** If the participant is under the age of eighteen (18) years, the form must be completed by participant's parent or legal guardian. Any participant who does not present the form at the activity/event will not be permitted to participate. **PLEASE DO NOT MAIL THIS FORM.**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Emergency Contact if Parent/Guardian cannot be reached:**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**MEDICAL HISTORY**

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

I hereby state that I am in good health, have been to a physician within the past year and am physically able to participate in the activities/event sponsored by the Hofstra University Spirit Support team(s).

Should I become injured during the activity/event I hereby grant permission to Hofstra University, Hofstra University Health and Wellness Center Staff members, Hofstra University trainers and/or Hofstra University coaches, Barn Brothers Wrestling Club representatives to arrange for my transportation to a hospital and/or administer immediate first aid as deemed necessary.

**NOTICE TO ALL PARTICIPANTS**

Please be advised that you are participating in the above-referenced activity ("Activity") **at your own risk**. You are solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with your participation in the above Activity.

Further, you agree to hold Barn Brothers Wrestling Club, Michael J. Patrovich, Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless from and against any and all claims, losses, damages, expenses (including attorneys' fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of your participation in the above Activity.

**ACKNOWLEDGMENT AND RELEASE**

By signing this document I acknowledge that I am participating in this Activity individually and at my own will.

I agree, beginning as of the date of execution of this Release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter "Pictures") and/or audio recordings ("Recordings") may be taken of me, individually or with others, by or on behalf of Barn Brothers Wrestling Club Corp and/or Hofstra University in connection with this Activity, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Barn Brothers Wrestling Club Corp and/Hofstra University and that such rights are freely assignable by Barn Brothers Wrestling Club Corp and/ Hofstra University.

I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings may be used, reproduced or otherwise disseminated or published by or on behalf of Barn Brothers Wrestling Corp and/or Hofstra University directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that Barn Brothers Wrestling Club Corp and/or Hofstra University desires.

For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge Barn Brothers Wrestling Club Corp and Hofstra University, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings.

I hereby warrant that I am eighteen (18) years of age or older and competent to contract in my own name in so far as the above is concerned or that if I am under eighteen (18) years of age, my parent or legal guardian has reviewed and signed this Notice, Acknowledgment and Release. I have read the foregoing before affixing my signature below, and warrant that I agree with and fully understand the contents thereof.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_