

ST. PATRICKS DAY WRESTLING FESTIVAL
SATURDAY MARCH 14TH, 2020
K – 8th GRADE

Walt Whitman High School North Gym
301 West Hills Rd, Huntington Station 11764



REGISTRATION AND WEIGH IN: HONOR WEIGH-IN BY CLUB COACH OR MIDDLE SCHOOL COACH
REGISTER BY *ONE* OF THREE EASY MEANS:

- (1) [CLICK HERE FOR ELECTRONIC REGISTRATION](#) OR
 - (2) COPY AND PASTE LINK IN BROWSER <https://forms.gle/GMrgWJRpR4N4ysu5> OR
 - (3) SCAN QR CODE FROM YOUR MOBILE DEVICE
- CLUB AND TEAM COACHES MAY SUBMIT ROSTER VIA EMAIL BY **Tuesday March 11TH 2019**.
PLEASE EMAIL TOURNAMENT DIRECTOR FOR ROSTER TEMPLATE @ wildcatsyouthwrestlingclub@gmail.com.

WEIGHT CLASSES:

MADISON WEIGHT SYSTEM / ROUND ROBIN FOR GRADES K-8
DIVISIONS: K, 1-2 (Bantam), 3-4 (Intermediate), 5-6 (Novice), 7-8 (Schoolboy)
Tournament Director reserves the right to modify weight classes

OFFICIALS: NYS Certified officials for grades 3-8

ENTRY FEE:

\$32.25 PAYABLE TO: **WILDCAT YOUTH WRESTLING CLUB**
ALL WRESTLERS MUST HAVE A USA WRESTLING CARD.
Adult Spectators: \$5.00/Adult, \$1.00/Kids

WRESTLING:

K – 2nd GRADE CHECK IN:	8:00AM – WRESTLING STARTS @ 8:30 AM
3rd - 4th GRADE CHECK IN:	9:00 AM - WRESTLING STARTS @ 9:30 AM
5TH – 6TH GRADE CHECK IN:	11:00 AM - WRESTLING STARTS @ 11:30PM
7TH – 8TH GRADE CHECK IN:	12:30 PM- WRESTLING STARTS @ 1:00 PM

BOUTS ARE 3 ONE MINUTE PERIODS. MEDALS WILL BE GIVEN TO ALL PARTICIPANTS.
NYS FEDERATION RULES APPLY.

ONLY COACHES WILL BE PERMITTED IN MATSIDE AREA

CONCESSION STAND WILL BE AVAILABLE

FOR FURTHER INFORMATION CONTACT: Michael McGuinness (646) 773-9695

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 Wildcat Youth Wrestling
Tournament. I acknowledge that participation in this wrestling tournament is at our own risk. We hereby
Release and hold harmless the Wildcat Wrestling Club, the South Huntington 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 including skin diseases. I also attest that my child has adequate medical
coverage at the time of his/her participation in this event.

Parent's Signature: _____ WRESTLERS

NAME _____ PARENTS SIGNATURE _____

ADDRESS _____ PHONE # _____ SCHOOL/CLUB _____

DOB _____ GRADE _____ AGE _____ WEIGHT _____

2018 USA CARD # _____

Coach's rating (circle one): 1 2 3 4 5

COMPLETED BY CLUB COACH.