

YOUTH WRESTLING LONG ISLAND CHAMPIONSHIPS

@ ISLAND TREES



FOR ANYONE WHO IS NOT GOING TO THE STATES AND WANTS A CHANCE TO COMPETE TO BE THE BEST ON

LONG ISLAND

PLACE: ISLAND TREES MEMORIAL MIDDLE SCHOOL 45 WANTAGH AVE

DATE: Sunday, March 8, 2015

WEIGH-INS: SEE CHART BELOW; IF NOT EXACT WEIGHT, WRESTLER WILL BE MOVED UP A WEIGHT CLASS

REGISTRATION: Tournament will be limited to the first 400 wrestlers to register. Clubs should register as early as possible. Must register by Thursday March 5, 2015 please fill out attached sheet and email it back. Application must be completed along with **\$25.00** entry fee. Bring form and fee the day of the tournament.

NOTE: NO VARSITY OR JV EXPERIENCE; NO USA WRESTLING CARD REQUIRED

Make checks payable to: ISLAND TREES YOUTH WRESTLING

NO REFUNDS AND NO WALK INS THE DAY OF THE TOURNAMENT



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

DIVISIONS	WEIGHT CLASSES	GRADES	WEIGH-INS	START TIME
BANTAM BORN 07-08	40, 45, 50, 55, 60, 65, 70, 75, 75+	1 ST & 2 ND	7:30 AM 8:15 AM	9:00 AM
INTERMEDIATE BORN 05-06	50, 55, 60, 65, 70, 75, 80, 87, 95, 103, 112, 120, 120+	3 RD & 4 TH	7:30 AM 8:15 AM	9:00 AM
NOVICE BORN 03-04	60, 65, 70, 75, 80, 85, 90, 95, 100, 105, 112, 120, 130, 140, 140+	5 TH & 6 TH	11:00 AM 11:45 AM	12:30 AM
SCHOOLBOY BORN 01-02	70, 77, 84, 91, 98, 105, 112, 120, 128, 136, 144, 152, 160, 175, 190, 210, 265	7 TH & 8 TH	11:00 AM 11:45 AM	12:30 AM

ADMISSION: Adults \$3.00, Children \$1.00. Parental supervision of children is required at all times

FOOD: Concession stand will be available all day in the cafeteria. No food or drink is allowed in the gym.

****This will fill up quick, we are only accepting the first 400 wrestlers.**

CONTACT: Any questions or for more information please contact Youth Wrestling Coach Pete Butrico

(Cell): 516-884-2732 (Email): bbutrico@gmail.com

PLEASE EMAIL THIS SHEET TO PETE BUTRICO NO LATER THAN MARCH 6, 2015

COUNTY PLACING AS OF 2014	PLACEMENT POINTS
1 ST PLACE	9 POINTS
2 ND PLACE	7 POINTS
3 RD PLACE	6 POINTS
4 TH PLACE	5 POINTS
5 TH PLACE	4 POINTS
6 TH PLACE	3 POINTS



Wrestler's Name: _____

Club Name: _____

Telephone: _____

DOB: _____ Age/Grade: _____ / _____ Yrs. Exp: _____

Division (**check one**):

Bantam (1st & 2nd)	Intermediate (3rd & 4th)	Novice (5th & 6th)	Schoolboy (7th & 8th)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previous Season County Placing: _____

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



Weighed in at: _____

Coach's Initials: _____

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 Youth 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 times of his/her participation of this event.

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