



# Lindenhurst Invitational Wrestling Tournament

## Sunday, January 17, 2010

<p><b>Location:</b> Lindenhurst High School</p> <p><b>Entry Fee:</b> \$25.00, checks made payable to: The Lindenhurst Wrestling Club, Inc.</p> <p><b>Registration:</b> Fully Completed by Coach</p> <p><b>Waiver:</b> Fully Completed by Parent/Guardian</p> <p><b>Cut-Off:</b> 400 Contestants, Register Early</p> <p><b>Time:</b> Wrestlers Arrive 30 Minutes Prior to Staggered Start Times Listed with Brackets to the Right</p> <p><b>Rules:</b> Interscholastic Wrestling Rules Bout Length 1-1-1, OT Sudden Victory</p>	<p><b>USA Card:</b> Mandatory</p> <p><b>Guarantee:</b> 2 Matches</p> <p><b>Weight Class:</b> Madison Exact Weight</p> <p><b>Brackets:</b> 8 Man Novice&amp;Experienced</p> <p>Bantam <b>Start</b> 9AM Born '02-'03</p> <p>Intermediate <b>Start</b> 10AM Born '00-'01</p> <p>Novice <b>Start</b> 12PM Born '98-'99</p> <p>Schoolboy <b>Start</b> 2PM Born '96-'97</p> <p><b>Awards:</b> Medals for all participants</p> <p><b>Admission:</b> \$3 Adults/\$1 Children</p> <p><b>Concession:</b> Available throughout the day</p>
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**Directions:** Sunrise Hwy to Lindenhurst, at traffic light directly in front of Babylon Town Hall turn (heading south) onto North Indiana Ave., 4<sup>th</sup> stop sign make left into the Lindenhurst High School parking lot.

Cut Here. Parents sign bottom waiver, keep the top portion for your records. Coach's complete the registration, hand in with payment, at check-in.

## Coach's Registration and Weigh-In

Coaches weigh their clubs in via the honor system. Weights and DOB can be challenged and will be verified at the Tournament if needed.  
**Coaches must fax or email club rosters to the tournament director, no later than Thursday evening, January 14, 2010.**  
 All original permission slips and entry fees are due, in bulk from the coach's, at the coach's check-in, 8AM, Sunday, January 17, 2010.  
 There will be a mandatory coach's meeting, after the check-in, starting at 830AM. No refunds and no walk in registrations the day of the tournament.

All Club Rosters must contain the information below and be directed to Jamie Wrieth at [MY3BYZ@OPTONLINE.NET](mailto:MY3BYZ@OPTONLINE.NET) or fax 631-226-3344 - phone 631-875-9899

<i>Wrestler's Full Name</i>	<i>Date of Birth</i>	<i>Exact Weight</i>	<i>Level of Experience (circle one number)</i>
			<b>Beginner 1    Novice 2    Experienced 3</b>
<i>Club or School</i>	<i>USA Insurance Card #</i>		<i>Coaches Name and Signature</i>

## Parents Acknowledgement/Waiver for Participation

I, (Parent or Guardian) \_\_\_\_\_, the undersigned on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns, (otherwise know as "Releaser") hereby forever release, discharge and hold harmless, The United States of American Wrestling Association, Inc., The Lindenhurst UFSD and The Lindenhurst Wrestling Club, Inc., its officers, members, volunteers and any participants, officials, coaches or sponsoring agents for any and all liabilities, claims, demands, causes of action or losses of any kind or nature occurring from the participation of the above mentioned wrestler in the Lindenhurst Invitational Wrestling Tournament.

Releaser understands and acknowledges that the sport of Wrestling has inherent dangers that no amount of care, caution, supervision or expertise can eliminate. Releaser expressly and voluntarily assumes all risk of personal injury, permanent, temporary, total or partial disability, disfigurement, paralysis, death and any other losses or damages to person or property sustained while participating in the sport of Wrestling.

I acknowledge that I have had sufficient opportunity to review the provision of this document and understand its purpose, meaning and intent.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Phone #