



1st Annual Strong Island Wrestling Tournament
Folkstyle Tournament
Sunday - October 26, 2008

Location: Nassau Community College
P-Building

Directions: Meadowbrook Pkwy to exit M4. West on Hempstead Tpke. Turn Right at McDonalds. Travel two traffic lights. Nassau CC directly in front of you

Divisions: 9-12th
Middle School 6th-8th
Eligibility: 6-12th Grade in Sept. 2008.

**Registration &
Cost:**

Pre-registration suggested: - \$20 **Walk-ins:** - \$25
Pre-register by October 16th
<http://www.strongislandwrestling.com>
Checks Payable to: *Strong Island Wrestling* - **Cash Only at the Door**

Mandatory Weigh-ins: 9-12th HS Division: 7:30 - 8:30 AM - All wrestlers must weigh-in including pre-registered wrestlers!
6-8th Division: 7:30 - 8:30 AM

Skin Check: **Athletes must be prepared and must submit to a skin disease screening prior to weigh-in. 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 doctors note stating the condition and that it is not active and not contagious.**

Competition: Folkstyle, Championship Bracket, Semi-Final losers wrestle for 3rd, wrestlebacks for other rounds as time permits
NYS HS Rules, Headgear Req, 1½-1½-1½, 1 min. SV, two-30 sec. Crit. TB, one-30 sec. UTB
HS & MS Division: Start Wrestling approximately 10:00AM

Weight Classes: **HS:** 99, 106, 115, 122, 128, 133, 138, 143, 148, 155, 163, 174, 192, 218, 288
Middle School: 65, 70, 75, 80, 85, 90, 95, 100, 105, 112, 119, 125, 130, 138, 145, 155, 165, 185, 215, 275

Weight Classes May Be Combined to Promote Wrestling at the Discretion of the Tournament Director

Awards: 1st - 4th Place

Food Concession: There will be a food concession on-site

Contact: Tournament Directors Rob Anspach- (516) 463-3758
Paul Schmidt- (516) 572-8148



1st Annual Strong Island Wrestling Tournament
Folkstyle Tournament
Sunday - October 26, 2008

Pre-Register By October 16

REGISTRATION FORM

Participant's Waiver and Release from Liability

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE STRONG ISLAND WRESTLING, INC., its insurers, its affiliated administrators, agents, directors, officers, members, committees, volunteers, and any and all participants, officials, referees, coaches, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any STRONG ISLAND WRESTLING, INC event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past present or future, direct or consequential that I may hereinafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any STRONG ISLAND WRESTLING, INC event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releasor understands and acknowledges that STRONG ISLAND WRESTLING, INC activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling s sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any STRONG ISLAND WRESTLING, INC event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

 (Signature of parent or legal guardian)

 (Date)

 (Print Name)

 (Relationship to minor)

PRINT LEGIBLY

Wrestler's Full Name _____ **Division:** HS Middle (Check One)

Street _____ **Town** _____

State _____ **ZIP** _____ **Email Address** _____

School/Club _____ **Phone #** () _____

Grade in school _____

SEEDING CRITERIA (Check Box That Applies If Any)

2008 HS Sectional (State Qualifier) Placement		2008 HS State Placement	
<input type="checkbox"/> 1 st Place	<input type="checkbox"/> 4 th Place	<input type="checkbox"/> 1 st Place	<input type="checkbox"/> 4 th Place
<input type="checkbox"/> 2 nd Place	<input type="checkbox"/> 5 th Place	<input type="checkbox"/> 2 nd Place	<input type="checkbox"/> 5 th Place
<input type="checkbox"/> 3 rd Place	<input type="checkbox"/> 6 th Place	<input type="checkbox"/> 3 rd Place	<input type="checkbox"/> 6 th Place

Make Checks Payable To: *Strong Island Wrestling* **(Cash Only For Walk-Ins)**

Mail Completed Form To: **Strong Island Wrestling, Inc.**
PO Box 4462
Hempstead, New York 11551



1st Annual Strong Island Wrestling Tournament
Folkstyle Tournament
Sunday - October 26, 2008