STANDRIDGE ACADEMY WRESTLING TOURNAMENT

AUGUST 26TH , 2011

WWW.STANDRIDGEACADEMY.COM

WHEN: FRIDAY, **AUGUST 26th 2011**

WHERE: STANDRIDGE ACADEMY, 87 Bassett Hwy, Dover NJ 07801 (below old Dover Bowling Lanes).

WHO: Division1: 6&under, Division2: 8&under, Division3: 10&under, Division4: 12&under, Division5: 14&under, Division6: 17&under.

WHAT: This is a Round Robin tournament, our goal is for each wrestler to get 2-3 matches. Awards for 1st, 2nd , 3rd and 4th place winners. Maximum 96 participants.

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WEIGH-INS: Tuesday August 23rd 6- 9 pm, Standridge Academy, Bassett Hwy, Dover, NJ. We will use the MADISON SYSTEM WEIGH-INS; wresters will weigh in, and then paired with 2, 3, 4 or 5 other wrestlers near the same weight, age, and experience. AGE AS OF 12/31/2010. Satellite Weigh-ins upon request, MUST be pre-registered. Tournament Director Ron Standridge, ***TEAMWRESTLE@AOL.COM,*** 973-989-8231.

FEE: $15 Academy & JWAY members, $20 all others if postmarked by **8/20th2011, $10 late fee. NO REFUNDS,** vouchers in place of refunds for upcoming events**, NO EXCEPTION!** Checks Payable to: **Standridge Academy, Mail to:** Ron Standridge 8/26, 9 Rebecca Ct. Randolph NJ 07869.

SCHEDULE: Divisions 1, 2 and 3 must check between **5:15-6pm,** wrestling **starts at 6:15**. Divisions 4, 5 and 6 must check in between **6-6:45,** wrestling **starts at 7 pm.**

RULES: Modified NJSIAA rules. Three (3) 1 ½ minute periods for **ALL** Divisions. **Overtime** will be a **30 second ride out**, choice will go to the wrestler scoring first, no score, the referee will flip the disc for choice.

PAIRING/SEEDING: We plan on pairing beginners separate from those with 2 or more yrs, experience and 3-6 lbs. Examples: 40 - 43lbs, 80 - 84lbs, 120 - 125lbs, 160 - 166lbs, 5 - 6yrs. old 7 - 8yrs. old, 10 - 12yrs old. Tournament director reserves the right to combine or divide wrestlers, based on age, weight, experience, and towns/teams.

==========DETACH==========

Name:__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__First:__/__/__/__/__/__/__/__/__/__/__D.O.B:__/__/__Age:__/__Grade:__/__Yrs.Exp:__/__

Address:__/__Town:__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__Zip: __/__/__/__/__

Email: __/__ Parent: __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__ Cell: ( ) __/__/__/-__/__/__/__

Division: (circle) 1—2---3---4---5---6---Weight:___/___/___Rating:(circle) (not aggressive) 1—2---3—4---5---6---7---8---9---10 (very aggressive)

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I agree to allow my child to participate in the STANDRIDGE ACADEMY WRESTLING TOURNAMENT. I do so at my child's own risk and of our own free will. I will not in any way hold liable the owner (s), Barnish Properties, Standridge Academy Wrestling workers, or referees for any injuries that my child may receive directly or indirectly traveling to or competing therein, I certify the information given on this registration form is correct. I understand that if my child has any suspicious skin markings that s/he may not be permitted to enter the tournament without a doctors' note stating that the wrestler is free of any contagious skin disease.

Parent Signature_____Date_____/_____/_____

==========DO NOT WRITE BELOW THIS LINE/POINT==========

Cash:____ Check#: __/__/__/__ Money Order: ____ JWAY#: ___/___/___/___ Balance Due: _____ Madison Wt. ___/___/___