Wrestling Tournament

www.standridgeacademy.com

Morris Catholic H.S. (Revised II)

WHEN:Sunday, August 21, 2011, **9AM divisions 1-3, 10AM Divisions 4-7**

WHERE: Morris Catholic H.S, 200 Morris Ave; Denville NJ 07834. On Four (4) MATS

WHAT: This is a round robin tournament. Our goal is for each participant to wrestle in 2-3 matches. Maximum of **96** participants each session. Challenge matches @ the conclusion of round 2. AWARDS: 1st, 2nd, and 3rd

WHO: Division 1: 6 & under, Division 2: 8 & under, Division 3:10 & under, Division 4: 12 & under, Division 5: 14 & under, Division 6: 17 & under, Division 7: College/Open. Age as of **12/31/10**

WEIGH-INS: Thursday, August 18, 2011@Standridge Academy 87 Bassett Hwy; Dover NJ 07801. SATELLITE WEIGH INS UPON REQUEST. MUST BE PRE-REGISTERED FOR A SATELLITE. This is a **Madison System** weigh in tournament. Wrestlers paired in groups of 2, 3, 4, or 5, by weight, age, experience and team/town. Tournament director reserves all rights to pairing/seeding

FEES: $25 Academy & JWAY Members, $30 all others. **$5 late fee** (postmark **after 8/13/2011**) Voucher may be used for future Standridge Sponsored events, provided cancellation is received prior to 8/19. **NO REFUNDS!** Checks payable to: STANDRIDGE ACADEMY, MAIL TO: Ron Standridge 9 Rebecca Ct. Randolph NJ, 07869. Questions, email teamwrestle@aol.com or call Ron @ (973) 989-8231.

Admission: Adults $5, **children FREE, FAMILY: $10**

RULES: Modified NJSIAA, Three 1/2 minute periods' for all divisions. Overtimes will be a 30 second ride out, choice to whoever scored first, no score, referee flips disc for choice.

++++++++++++++++++++++++++++++++++++DETACH++++++++++++++++++++++++++++++++++++

Name: __/__/__/__/__/__/__/__/__/__/__/__First: __/__/__/__/__/__/__D.O.B: __/__/__ Age: __/__ Grade: __/__ Yrs. Exp.___

Address: __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__ Town: __/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__ Zip: __/__/__/__/__

Email:__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__/__Parents:__/__/__/__/__/__/__/__/__/__Cell:( )__/__/__/__/__/__/__

DIVISION: (circle) 1-----2-----3------4-----5-----6 AGE: ___/___D.O.B:__/__/__GRADE:___/___/YRS. EXP: ___/____WEIGHT___/___/___

I agree to allow my child to participate in the standridge academy wrestling tournament. I do so @ my child's own risk and of our own free will. I will not in any way hold liable standridge academy owner(s), workers, referees, Barnish Properties, or **Morris Catholic H.S.**. 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 participate in the event/tournament without a doctor's note stating that the wrestler is free of any contagious skin diseases.

Parent signature_____Date_____/_____/_____

++++++++++++++++++++++++++++++++OFFICIAL USE ONLY++++++++++++++++++++++++++++++

Cash____Check #___/___/___/___ Money ORDER____JWAY #__/__/__/__Bal. Due__/__Madison__/__/__