



# WRESTLING TOURNAMENT

www.standridgeacademy.com



## PARSIPPANY WRESTLING

**WHEN:** SATURDAY, JULY 23, 2011, 9AM DIVISIONS 1-4, 11 NOON DIVISIONS 5-7

**WHERE:** PARSIPPANY P.A.L BUILDING, 33 BALDWIN RD. PARSIPPANY NJ. (BEHIND SMITH FIELD)

**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: 1<sup>ST</sup>, 2<sup>ND</sup>, AND 3<sup>RD</sup>

**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 AND OPEN. AGE AS OF 12/31/10

**WEIGH-INS:** TUESDAY, JULY 19, 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 7/16/2011) VOUCHER MAY BE USED FOR FUTURE STANDRIDGE SPONSORED EVENTS, PROVIDED CANCELLATION IS RECEIVED PRIOR TO 7/21. **NO REFUNDS!** CHECKS PAYABLE TO: PARSIPPANY WRESTLING BOOSTERS, MAIL TO: RON STANDRIDGE 9 REBECCA CT. RANDOLPH NJ, 07869. QUESTIONS, E-MAIL TEAMWRESTLE@AOL.COM OR CALL RON @ (973) 989-8231.

**ADMISSION:** ADULTS \$5, CHILDREN FREE,

**RULES:** MODIFIED NJSIAA, THREE 1 MINUTE PERIODS FOR DIVISIONS 1, 2, 3 AND 4. THREE 1 1/2 MINUTE PERIODS' DIVISIONS 5, 6 & 7. 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 Parsippány Wrestling Boosters and Parsippány P.A.L .. 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 \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

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

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ JWAY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ BAL. DUE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MADISON \_\_\_\_\_ / \_\_\_\_\_