



WRESTLE FOR A GOOD CAUSE



WHERE: Penfield High School—25 High School Drive, Penfield NY, 14526 **WHEN:** June 15th, 2014

Pre Register: Make checks payable to Penfield Takedown Club. Mail to: Jon Haas 114D Oakbrier Court Apt. 16 Penfield, NY 14526

CHECK-IN and Walk-in Registration: 7:00-8:15 a.m.

HONOR WEIGH-INS: May Be Challenged If so must be within 4lbs heavy of stated weight

CLINIC: 8:30 a.m. – 9:30 a.m. (Wrestling will immediately follow)

AGE GROUPS: 9/10, 11/12, 13/14, 15/16 **COST:** \$10 Gets you a great Clinic and some good matches **MAKE CHECKS PAYABLE TO: PENFIELD TAKEDOWN CLUB** Contestants will be paired based on Age and Weight in a Round Robin Tournament (no more than a 10% variance in weight) Come get a few matches for a great price and have some fun. **NO AWARDS! It's all for Mat Time and helping those in need!!!**

ALL MONEY WILL BE DONATED TO CHARITY: ABW of Rochester - An Alternative for Battered Women/ Domestic Violence Shelter

The Dierna family will be running a Wrestling Clinic from 8:30 a.m. to 9:30 a.m. The Dierna's have many accolades throughout the years including, 2x NCAA Division 3 All-American and National Finalist in 2014, Bobby Dierna

Name: _____ Birth date: __/__/__ Age: ____ Weight: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

School/Club: _____ Grade: _____ Age Division: _____

Years of Experience: _____. Is this wrestler's first tournament? Yes/No (circle one)

For More Information: Jonathan Haas: 585-683-2971, jonathanhaas6@gmail.com – Jay Haas: 585-298-7466

In consideration of your acceptance of my entry, I hereby release the Penfield Takedown Club, Penfield Central Schools, and tournament officials of this tournament from any claims, liabilities or right for damage for any injuries or losses suffered by me directly or indirectly in training for, traveling to and from and/or participating in this Wrestling Clinic and Tournament. I have my own insurance and understand that my child must be covered by a health insurance policy as a requirement for participating in this wrestling event. I take responsibility for any damages done by my child at this event.

Parent Signature _____ Date _____

Wrestlers Signature _____ Date _____

Insurance Info/Policy # _____