

MARCUS WHITMAN YOUTH WRESTLING TOURNAMENT
SATURDAY JANUARY 27, 2018
MARCUS WHITMAN HIGH SCHOOL--- BALDWIN RD. RUSHVILLE, NY 14544

ROUND ROBIN/SPLIT SESSION--- REGISTRATION BY MAIL ONLY--- NO WALK-INS
NO JV OR VARSITY EXPERIENCE ALLOWED---MODIFIED ENCOURAGED

ENTRY FEE IS \$ 25.00 PER WRESLTER/ MORE THAN ONE WRESTLER PER FAMILY IS
\$ 20.00 PER WRESTLER.

ADMISSIONS: ADULTS \$3:00 AND CHILDREN FREE

MAKE CHECKS PAYABLE TO MARCUS WHITMAN WRESTLING CLUB---THERE WILL BE A
\$35.00 RETURNED CHECK FEE---NO REFUNDS---MUST BE RECEIVED BY JANUARY 25TH
ANY QUESTIONS: E-MAIL TO: CABS15@FRONTIERNET.NET OR KEVIN:585-738-6236

SEND REGISTRATION FORM AND CHECK TO :

KEVIN SMITH
5161 BASSAGE RD.
STANLEY, NY 14561

ALL WRESTLERS MUST WEIGH IN, THERE WILL BE NO WEIGHT ALLOWANCE
WEIGH INS: 7:30-8AM FOR 5/6, 7/8, 9/10, AND 12-12:30 FOR 11/12, 13/14
NYS CERTIFIED REFS

AWARDS: FIRST PLACE CHAMPION T-SHIRT/ 2ND-4TH TROPHIES/MEDALS TO OTHERS

LIABILITY WAIVER: I AGREE TO LET MY CHILD PARTICIPATE IN THE MARCUS
WHITMAN WRESTLING TOURNAMENT. I UNDERSTAND AND AGREE THAT THE
WRESTLING CLUB, MARCUS WHITMAN CENTRAL SCHOOL DISTRICT, AND ALL THOSE
ASSOCIATED IN ITS OPERATION SHALL IN NO WAY BE HELD LIABLE FOR ANY INJURY
RECEIVED DURING THE TOURNAMENT, OR IN GOING TO AND FROM THE
TOURNAMENT. WRESTLING IS A SPORT WHICH INVOLVES EXTENSIVE PHYSICAL
EXEERCISE. I UNDERSTAND IT IS MY RESPONSIBILTY, THROUGH THE CONSULTATION
OF OUR PHYSICIAN, TO INSURE THAT MY CHILD IS FIT TO PARTICIPATE IN THIS
PROGRAM. I DO, HEREBY ASSUME, ALL RISKS AND HAZARDS, INCIDENTAL TO THE
CONDUCT OF THE ABOVE NAMED PROGRAM. I FURTHER RELEASE, ABSOLVE,
INDEMNIFY AND HOLD BLAMELESS THE ABOVE NAMED PRINCIPALS OR ANY OF THE
PERSONNEL APPOINTED BY THEM. I HAVE MY OWN INSURANCE TO COVER ANY
INJURIES MY CHILD MAY SUSTAIN.

PARENT/GUARDIAN SIG. _____ WRESTLER SIG _____
PHONE NUMBER REQUIRED _____

CLUB/SCHOOL _____ WRESTLERS NAME _____

DOB _____ AGE _____ WEIGHT _____