

Spartan Wrestling Club

**Wrestling Tournament
Sponsored by NHSCA**



Schedule of events Style – Scholastic / Folkstyle

Location: Greece Olympia High School

1139 Maiden Lane, Rochester New York, 14615

Date – Saturday April 17, 2010

Registration and weigh-ins – Saturday, April 17, 2010 7:00 to 8:30 AM

Registration cost- \$20 (multiple entries from one family \$15 per entry)

Wrestling begins – April 17th **10:00 AM**

Divisions and weight classes (may change based on entries)

High School Division (grades 9-12) 96, 103, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285

Middle School Division (grades 7-9) 80, 85, 90, 95, 100, 105, 115, 125, 135, 145, 155, 170, 190, 220, 260

* 7th, 8th, 9th graders with varsity experience or with good JV records should wrestle in the high school division.

*Wrestlers may only participate in “1” division.

Uniforms - Singlets are NOT required, but certainly recommended (headgear optional).

High School Division - 1-2-2, all matches

Middle School Division – 1-1-1, all matches

Awards - Medals will be awarded to the top 4 place finishers in each weight class & division.

Entry Form

You may mail in registration or walk in and register

Name _____ weight class _____ grade _____

Division: ___ high school (gr. 9-12) _____ middle school (gr. 7-9)

Email address _____ phone () _____

School _____ coach _____

Season record _____ career record _____ highest wrestling honors _____

A \$20 (or \$15 if more than one family member wrestling) event / insurance fee should be mailed with this entry form to secure your spot in the Tournament

I have enclosed a check for \$_____ which includes \$20(\$15) for the event / insurance fee. **Please make check payable to the “Spartan Wrestling Club”**

LIABILITY RELEASE I, the undersigned, individually and as a parent/guardian _____ a minor, ask that he/she be admitted to participate in the above NHSCA sponsored event. I do hereby agree to release, discharge and hold harmless the Spartan Wrestling Club, Greece Central School District, NHSCA, their agents and employees of and from all causes, liabilities, and damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sporting event or in the course of competition held in connection with this event. I also give permission for my child's photograph to appear in promotional material regarding this event.

PARENT/GUARDIAN SIGNATURE REQUIRED: _____

Please mail to: Tony Russo, 1139 Maiden Lane, Rochester, NY 14615

Contact: Coach Tony Russo 585-315-5970 or rct5151@yahoo.com