



Henrietta Recreation Department Presents
*****RH Jr. Comet Winter Wrestling Classic*****

This is a **Pre-registration** Round Robin Youth Wrestling Tournament (5 man when possible)



This tournament is a 2011 qualifier for the Ohio Tournament of Champions and The Gene Mills Eastern Nationals



- Where** : Rush-Henrietta Senior High School located at 1799 Lehigh Station Rd Henrietta, NY 14467-9788.
When : Sunday December 12th, 2010. Weigh-in Sunday 7am-8:45am. Coaches meeting at 9:00am Wrestling to begin at 9:30. Athletes that are over their pre-registration weight by 2lb will be Disqualified and no refund will be available. Wrestlers only allowed to compete in one age group.
Fee : **\$22.00** Make Checks or Money orders payable to the Town of Henrietta and mail to Town of Henrietta Recreation Department 475 Calkins Road Henrietta, NY 14467-0999. No walk in registration allowed the day of tournament. Proof of age may be challenged.
How : Limited to 300 wrestlers for this **pre-registration** event only. All registrations must be postmarked by 12/06/10. (Not responsible for Mail received after 12/09/10)
Ages : As of the day of the event - 6 and under, 7-8, 9-10, 11-12, 13-14 No JV/Varsity Experience, Modified wrestlers welcome. Participants will be grouped by age, weight, and experience when possible.
Awards : Trophies 1st – 5th place. **Criteria:** Head to Head, Pins, Fastest Pin.
Rules : 1-1-1 NYS rules Singlet's not required, headgear optional, OT is 30 sec.
Officials : Certified NYS officials will be used. Varsity wrestlers will be used for the 6 and under age group.

*****Registration*****

Wrestlers Name: _____ **Age:** _____ **Weight:** _____ **DOB:** ___/___/___

Address: _____ (City, State, and Zip) **Gender:** M / F

Home Phone: _____ **Secondary Phone:** _____ **First tournament:** YES / NO

Parents/Guardian Full Name: _____ **Relation:** _____ **Years of experience:** _____

Parents DOB: ___/___/___ **Emergency contact number:** _____ **School or Club:** _____

Email : _____ **Special Needs:** _____

Town of Henrietta Waiver

Waiver for Participation: I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Town of Henrietta does not provide accident or medical insurance for the program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for a licensed physician or hospital staff to administer emergency medical care deemed necessary for person(s) listed below when parental permission is unavailable. I agree to hold the Town of Henrietta, its employs and officials harmless for and accident, injury, or other cause of action occurring while myself and/or my child participates in this program.

Anybody with a questionable skin condition may be removed from the clinic at any time. Misconduct, child abuse or misbehavior toward officials and/or RH Jr. Comet staff by parents or athletes will result in automatic expulsion from the tournament and the Berger Middle School grounds. Tournament directors have the right to remove anyone not complying with tournament rules.

Athletes Signature: _____ **Date:** ___/___/___

Parents Signature: _____ **Date:** ___/___/___

Contact : Please email Adam Burgos at aburgos@rochester.rr.com for questions or concerns.