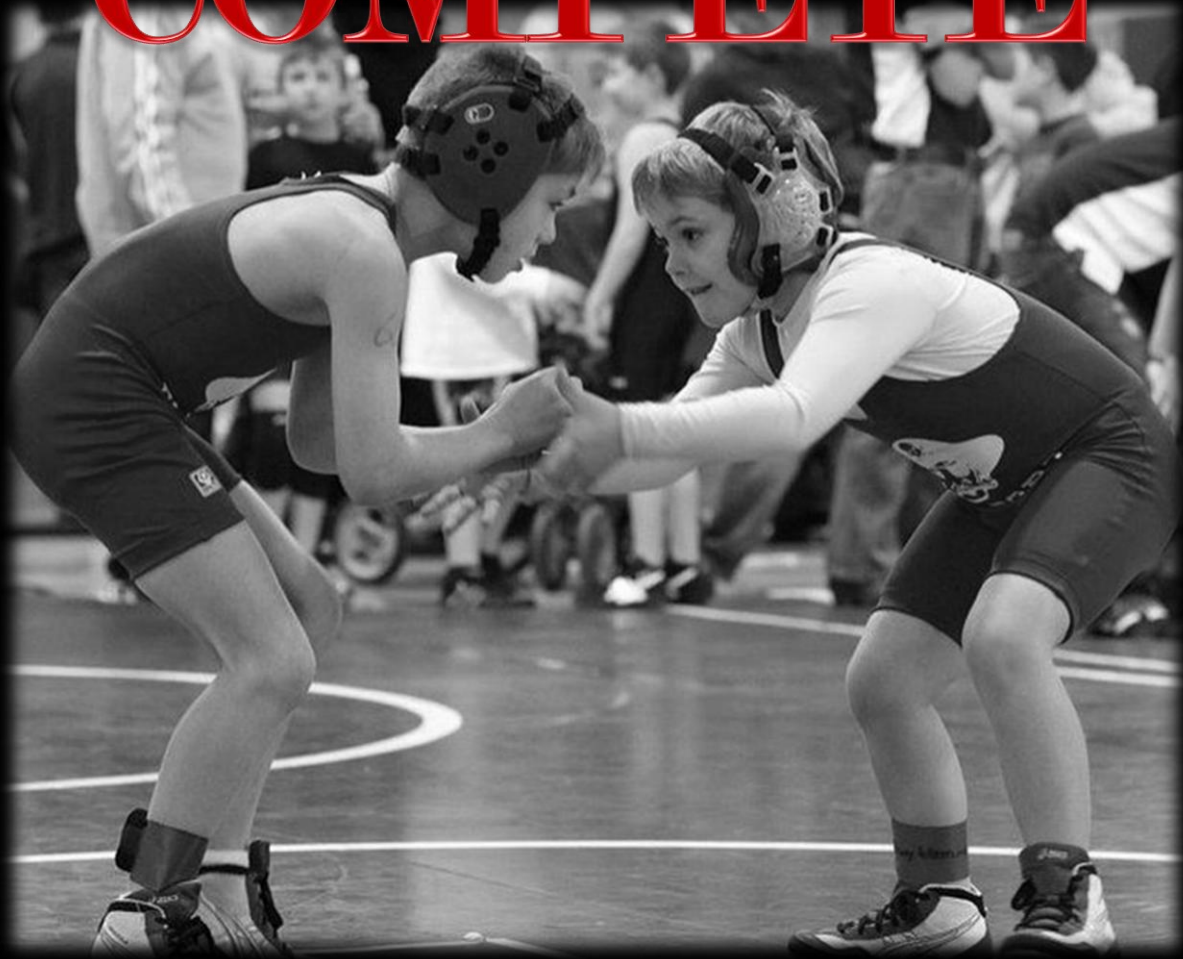


YOU'RE ALWAYS A
CHAMPION
WHEN YOU CHOOSE TO
COMPETE



JR. RED RAIDERS
YOUTH WRESTLING
TOURNAMENT

SATURDAY
FEBRUARY
18TH, 2012

Fairport Youth Wrestling presents Junior Red Raiders Youth Wrestling Classic



Saturday
February 18th, 2012
Fairport High School
1348 Ayrault Rd, Fairport, NY 14450

Fee: \$22

Mail checks or money orders payable to
Fairport Youth Wrestling Booster Club
c/o Megan Volhejn
45 Valley Brook Drive
Fairport, NY 14450

TROPHIES FOR ALL PARTICIPANTS!

Award criteria:

Head to Head, Pins, Fastest Pin

Limit 300 wrestlers. **Pre-registration only.**
All registrations must be postmarked by 2-15-2011.
Proof of age may be challenged.

Singlets not required. Headgear optional. OT: 30 seconds
★ **Certified NYS officials used for ALL age groups.**

Schedule	
Registration	7:30 – 8:45 am
Coaches meeting	9:00 am
Wrestling will start as soon as possible!	

Rules: 1-1-1 NYS rules.

Registration		
Name:	Weight: _____ lb Athletes over their pre-registration weight by 3lbs or more will be disqualified and no refund will be given.	DOB: ____/____/____
Address: _____ (City, State, Zip)		Gender: M / F
Home phone	Secondary phone	Emergency contact #
Parent/Guardian Full Name:		Relation:
School / Club		Years of experience
Email:	Special needs:	

Age (as of 1/1/2012)
<input type="checkbox"/> 6 and under
<input type="checkbox"/> 7-8
<input type="checkbox"/> 9-10
<input type="checkbox"/> 11-12
<input type="checkbox"/> 13-14
Modified wrestlers welcome. No JV / Varsity experience.
Participants will be grouped by age, weight, and experience when possible. Wrestlers only allowed to compete in one age group.

Jr. Red Raiders Tournament Waiver

Waiver for Participation: I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Fairport Central School District 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 Fairport Central School District, its employees 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 Fairport Jr. Red Raider staff by parents or athletes will result in automatic expulsion from the tournament and the Fairport High School grounds. Tournament directors have the right to remove anyone not complying with tournament rules.

Athlete's signature: _____ Date: ____/____/____

Parent's signature: _____ Date: ____/____/____

Contact: Please email Rob Unger at coachunger@gmail.com