

RAZOR ROUND ROBIN TOURNAMENT

SUPER BOWL SUNDAY - FEBRUARY 7TH 2010

Sponsored by RaZor Wrestling Club

www.razorwrestlingclub.com

Date & Location: Sunday, February 7th, 2010
Half Hollow Hills High School West, 375 Wolf Hill Road, Dix Hills NY 11746

Divisions & Times: •Bantams (1st & 2nd grade) •Intermediate (3rd & 4th grade)
Check in 7:30AM – Wrestling begins at 8:30AM

•Novice (5th & 6th grade) •Schoolboy (7th & 8th grade)
Check in 11:30PM – Wrestling begins at 12:30PM

Registration:

Tournament will be limited to the first 300 wrestlers to register.

Clubs should register as early as possible and if need be, submit weigh-ins at a later date.

Must register by Tuesday, February 2, 2010.

Bring a completed application and \$25 registration fee to any club hosting a Satellite weigh-in.

Make checks payable to: **RaZor Wrestling Club**

A USA Wrestling Card is required and must be presented at registration or on the day of the tournament. Cards can be purchased through www.themat.com. Click on the "Membership" tab at the top of the Menu selection and you will be sent to the USA Wrestling membership page. Years experience and coach's rating (not parent) must be filled in or registration will be rejected.

No refunds and no walk-in's the day of the tournament.

Weigh-ins:

Coaches weigh their clubs in via the honor system. Weights and DOB can be challenged and will be verified at the Tournament if needed. **Coaches must email or fax club rosters to the tournament directors, no later than Tuesday evening, February 2, 2010.**

Clubs may bring original registration slips and one check for the payment of fees the day of the tournament with prior permission from the tournament directors.

There will be a mandatory coach's meeting, after the check-in, starting at 8:15AM.

Madison system will be used to determine weight classes.

Format:

4 to 5 Man Round Robin Format - Scholastic Rules - Periods 1, 1, 1, and overtime if necessary- Head gear a must. Only coaches with USA Coaching Cards permitted on mats.

Awards:

Medals to be awarded for 1st, 2nd and 3rd place

Team trophy 1st, 2nd and 3rd place – 10 man team rosters to be submitted prior to 8:30AM start.

Admission:

Adults \$3.00 Children \$1.00

Food:

Concessions will be available throughout the day. Please note no food in gym.

Photographer:

PHOTOTRENS will be on location taking action photos of wrestlers during the day. Visit their table and website for more information. www.phototrens.com

Entries & Check:

RaZor Wrestling Club
PO Box 783
Shoreham, NY 11786

Questions:

Ted DiPasquale (516) 449-0961
Don Donnelly (631) 774-1235
info@razorwrestlingclub.com

Directions:

Directions to Half Hollow Hill High School West follow the HHH West school link:

www.halfhollowhills.k12.ny.us/page.cfm?p=2377

THIS IS NOT A HALF HOLLOW HILLS SCHOOL DISTRICT EVENT.

Application for RaZor Youth Championship Tournament Assumption of Risk, Waiver and Release of Liability

Waiver and Release from Liability

1. I, _____ the undersigned, on behalf of myself, my heirs, and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliate clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors, and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USAW wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releasor understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision, or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and other losses to person or property, including death, and that severe social and economic losses may also result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Furthermore Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time. I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

NAME.....2008-2009 USAW CARD #.....

STREET..... CITY..... STATE..... ZIP.....

DATE OF BIRTH..... Age.....Grade.....Division.....

TELEPHONE..... YEARS EXPERIENCE.....

WEIGHT.....COACH-RATING (NOT PARENT) 1 2 3 4 5

CLUB NAME (for separation).....

Parent (Signature of legal guardian)

(Print Name)

Date