



City of Easton's Bravest And Finest Wrestling Tournament



The City of Easton, one of the premier wrestling communities in the country, is sponsoring a youth wrestling tournament to benefit the children of Spring Garden Children's Center, Easton, PA.

Sunday, November 14, 2010, Grades K-6

Check-in: 6:30-9:00AM, Weigh-Ins, Skin and Nail Check: 9:00AM Wrestling begins at 10:00AM

Location: Easton High School, 2601 William Penn Highway, Easton, PA 18045

General Admission: \$ 5.00 adults, \$ 2.00 students, kids under 5 free

Concessions available all day, T-shirts and wrestling program available

Rules of tournament: Modified PIAA Rules, Madison System, Double Elimination

Limited to 350 Wrestlers.

Wrestlers stay on the same mat all day, each bout is numbered.

All bouts will be one minute periods, 1 minute OT and 30 second ride out.

Seeded to best of ability. Wrestling shoes, singlet, and headgear required.

Challenges are at the discretion of the Tournament Director. **NO REFUNDS!**

Division and Weight Classes/Age as of November 14, 2010:

Proof of age must be available upon request.

Wrestlers may enter only one age division. Each age division will be sorted by actual weight.

Pee-Wee 5&6, Bantam 7&8, Midget 9&10, Junior 11 & 12, NO 7th or 8th graders.

Trophies: Trophies to the top three place finishers in each age bracket, one outstanding wrestler award and one trophy for the most pins in the shortest overall period of time.

Entry Fee: \$25.00 pre-registration postmark by Nov. 8, 2010 NO WALK ONS!

Payable to: SGCC Wrestling Tournament; Mail to: Ms. Annie Osika c/o Lafayette Ambassador Bank,
P.O. Box 25091, Lehigh Valley, PA 18002-5901

Questions: email Carl Scalzo, Tournament Director, at cscalzo@easton-pa.gov

Wrestler Name: _____ **Age Division:** _____

Weight: _____ **Grade:** _____ **DOB:** _____ **Experience Level:** _____

Years of Experience: _____ **List of Accomplishments:** _____

Address: _____

Phone: _____ **E-mail:** _____

School/Club: _____ **Coach:** _____

Parent Printed Name: _____ **Parent Phone:** _____

I certify that the above information is correct and that the participant is covered by either school insurance or a family health plan. I hereby release and forever discharge the Easton Area School District, the City of Easton and its police, firefighters and emergency services providers, the Spring Garden Children's Center, Inc. and sponsors, tournament officials, directors, committee, officials, coaches and the board members of Spring Garden Children's Center, Inc. and their successors and assigns (hereinafter "the Parties") and indemnify and hold them harmless for any injury or loss suffered by me directly or indirectly as a result of a participation in this wrestling tournament and from any and all claims, demands, causes of actions, obligations, suits, debts, sums of money, liabilities, controversies, agreements, promises and damages of any kind or nature and whether known or unknown, vested or contingent, suspected or unsuspected, matured or unmatured which the undersigned now has, may have or hereafter can, shall or may have, against any of the aforementioned Parties by reason of any actual or alleged act, omission, transaction, practice, conduct, occurrence, event or other matter which takes place or occurs as a result of the undersigned's participation in the wrestling tournament.

Wrestler Signature: _____ **Parent or Guardian Signature:** _____ **Date:** _____