

FISHEYE FALL CLASSIC

SUNDAY OCTOBER 14TH, 2012

LOCATION: SIMSBURY HIGH SCHOOL 34 FARMS VILLAGE RD.
SIMSBURY, CT 06070

DIVISIONS: ELEMENTARY, MIDDLE SCHOOL, & HIGH SCHOOL

**OUT OF STATE WRESTLERS WELCOME, MUST PAY IN CASH OR MONEY
ORDER**

**PRE REGISTRATION ENCOURAGED at \$20.00..... WALK-INS
WELCOME for \$25.00!!**

6 FULL MATS

MEDALS FOR THE TOP 3 FINISHERS IN EACH WEIGHT CLASS

A 2012-2013 USA Wrestling card **MUST** be shown at registration. If you don't have a card, you can purchase one at the door for \$36(Annual Fee.) **NOTE:** if wrestler is under 18 years old, their parent **MUST** sign the registration form (see USAWCT.org web site for 2012-2013 Membership Application to Pre- Register for a USAW card, which should be mailed with tournament registration form).

Madison weights will be used for Elementary, Middle School age groups. **IF WRESTLER MISSES PRE-REGISTERED WEIGHT**, they will be entered in the tournament under the weight they make at weigh-ins. During weigh-ins, all competitors will be inspected for contagious skin conditions. Wrestlers with contagious skin conditions will not be allowed to compete unless they have a current doctor's excuse saying they are under treatment and the exact location of the contagious skin condition, that they are not contagious as of a specified date and are cleared to wrestle. Tournament officials reserve the right to refuse entry to questionable cases. NFHS rules apply, Elementary & Middle School bout times will be 1, 1.5, 1.5. High School and open will be bout times will be 1, 2, 2.

Admission for Spectators: \$3 for adults, \$1 for students Emergency Medical Personnel will be on-site. Free admission for Coaches with 2012-2013 USAW Coaches' Card Breakfast, lunch and snacks available on-site \$20.00 entry fee for pre-registered athletes, \$25.00 at the door Wrestling equipment will be available for purchase Make checks out to **FishEye Wrestling *****Under 18 must have a parent sign the registration form.*****

For Information: email Jeff Fernandes @ fisheyewrestling@aol.com

To Pre register: 2012-2013 USA Wrestling Card Required

Complete entry form, enclose check payable to FishEye Wrestling for \$20.00 and **(if under 18) HAVE IT SIGNED BY A PARENT**

Mail to FEW c/o Jeff Fernandes, 26 Simscroft Pl. Simsbury, CT. 06070. by Oct 10th with a check if ct resident or money order out of state entrants, payable to **FishEye Wrestling**. No refunds of pre registration fee except for injuries. Written documentation required

Weigh-ins October 14th, 2012 from 7:30 am to 8:30 am for Elementary & Middle School (matches begin 10:00am) Elementary Division: Born 2003, 2004, 2005, 2006 and Middle School Division: Born 1999, 2000, 2001 & 2002, weigh classes will be determined by the Madison System (grouping wrestlers in brackets of four, by similar weight, to be wrestled in a round robin format 3 matches for each wrestler, when possible)

Weigh-ins October 14th, 2012 from 8:30 am to 9:30 am for High School (matches begin 10:30 am)

High School Division: Born 1998, 1997, 1996, 1995, 1994 if registered in a Public High School in the fall of 2012, weigh classes will be line bracket round of 32, 16, 8 or round robin if five or less.

The specific weight Classes for High School are: (No weight Allowances)

High School Weights: 98, 106, 113, 120, 126, 132, 138, 142,145, 149,152, 160, 170, 182, 195, 220, 285

HARRASMENT OF OFFICIALS WILL NOT BE TOLERATED!!!!

Two coaches in a corner, all questions on an official's call SHALL BE DONE AT THE SCORING TABLE, FAILURE TO FOLLOW THIS RULE WILL RESULT IN AUTOMATIC WARNING TO THE COACH, 2nd TIME ONE MATCH POINT will be given to the OPPONENT OF THE OFFENDING COACHES' WRESTLER FOR AND THE 3RD INCIDENT RESULTS IN THE COACHES EJECTION FROM THE FACILITY.

Please return both the application below and the waiver for registration

FISHEYE FALL CLASSIC

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____
ZIP: _____
DATE OF BIRTH: _____
AGE: _____
WEIGHT: _____
USA WRESTLING#: _____
TEAM: _____

FishEye Use Only

PAID: _____
PAID: _____
CHECK#: _____
CASH: _____

Assumption of Risk, Waiver and Release of Liability

NAME.....DOB.....
STREET..... CITY.....
STATE.....ZIP.....TELEPHONE.....
2011-2012 USAW CARD #.....Club Name(for
separation).....

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 "Releasers") 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, lesser, and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releases") 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. Releaser 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. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, 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 Releaser'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 Releaser 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.

.....
(Participant's Signature) (Print Name) DATE

The undersigned _____ does hereby represent that he/she is, in fact, the parent or guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.....

.....
(Signature of Parent or Legal Guardian) (Print Name) DATE (Relationship to Minor)