

Bad to the Bone

Folkstyle Wrestling Tournament

(Elementary, Middle and High School Divisions)

Sunday November 24, 2013

WHERE? Fitch High School, 101 Groton Long Point Rd., Groton CT 06340

Out-of-state wrestlers are welcome (must pay with cash or money order).

\$22 Pre-registration; \$27 Walk-Ins

Weigh-Ins

Elementary/Middle School: 7:45-8:45am

► **MATCHES BEGIN AT 9:30AM**

Elementary Div.: Born 2004, 2005, 2006 and 2007
Middle School Div.: Born 2000, 2001, 2002 and 2003
4 man round robin brackets — will be used for these age groups w/ Madison Weights.

High School: 9-10am

► **MATCHES BEGIN AT 11AM**

High School Division: Born 1999, 1998, 1997, 1996 and 1995 (if registered in school for fall of 2013)
8 man line brackets — double elimination will be used for this age group w/ Madison Weights.

NOTE: During weigh-ins, all competitors will be inspected for skin conditions. Wrestlers with skin conditions will not be allowed to compete unless they have a current doctor's excuse stating they are under treatment, not contagious as of a specified date and cleared to wrestle. Tournament officials reserve the right to refuse entry to questionable cases.

NFHS Rules Apply

Elementary/middle school period times: 1-1.5-1.5

High school period times: 1-2-2

Enclose the completed entry form and a check payable to Westerly Wrestling Club for \$22. Mail to **Westerly Wrestling Club (WWC), PO Box 225, Westerly RI 02891** by **November 10, 2013**. Pre-registration fees are non-refundable, except for cases of injury. Written documentation is required.

Birth certificates must be available upon challenge by the tournament director or other athlete. Challenging athletes must also present a birth certificate in order to challenge another's age. Failure to produce a birth certificate will result in forfeiture of awards.

Medals for Top Three Finishers in Each Weight Class

A 2013-2014 USA Wrestling card **MUST** be shown at registration. If you don't have a card, enclose an additional \$36 with your registration and the USAW card will await you at the pre-registration desk.

*NOTE: If the wrestler is under the age of 18, their parent **MUST** sign the registration form (see USAWCT.org web site for 2013-2014 Membership Application to Pre-Register for a USAW card, which should be mailed with the tournament registration form). USAW cards can be purchased for the tournament for \$36.*

- **ADMISSION:** \$3 for adults; \$1 for students
- Free admission for coaches with a 2013-2014 USAW Coaches card
- Homemade breakfast; lunch and snacks
- Emergency medical personnel will be on site



FOR MORE INFORMATION: Contact Matt Bailey at 401-952-2085 or mattybailey@mac.com

Application for Tournament
Assumption of Risk, Waiver and Release of Liability

NAME..... DATE OF BIRTH
STREET..... CITY..... STATE..... ZIP.....
TELEPHONE.....
2013-2014 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)