



The Battle in the Valley Folkstyle Wrestling Championships

(Sponsored by the Farmington Wrestling Club and Bristol Boys and Girls Club)
for Elementary, Middle School, High school and Open Wrestlers

Out of state wrestlers welcome!

Sunday, May 24, 2009

Farmington High School

10 Monteith Drive

Farmington, CT 06032

PRE-REGISTRATION ENCOURAGED WALK-INS WELCOME!!

Madison weights will be used for all age groups except High School.

Weigh-ins Sunday, May 24th -

Elementary and MS 7:30 AM to 8:30 AM. wrestling starts at 9:00am – done by 12:00

HS division Weigh-ins 10:00-11:00AM wrestling begins at 11:30

Open weigh-ins from 11:00 to 12:00AM. wrestling will begin by 12:30

Bouts will be 3 periods (2 minutes for HS and Open, 1.5 minutes for Middle school and Elementary).

Consolations 2-1-1 for HS and Open, 1-1-1 for MS and ES

Seeding will be done by blind draw for Elementary and MS. HS will consider State and NE placewinners.

Tourney will be double elimination. Medals for the top three finishers in each class.

During weigh-ins, all competitors will be inspected for skin rashes. Wrestlers with skin rashes will not be allowed to compete unless they have a current doctor's excuse saying they are under treatment, are not contagious as of a specified date and are cleared to wrestle. Tournament

officials reserve the right to refuse entry to questionable cases.

A 2008-2009 USA Wrestling card **MUST** be shown at registration. If you don't have a card, you may purchase one the day of the tournament for \$35.00. If you are under 18 years of age, a parent **MUST** sign this registration form for it to be processed. This is an insurance requirement, and there will be **no** exceptions made. If a parent is not accompanying you to this tournament, please download the application form from the link for 'important forms' on www.usawct.org, and complete it with parent's signature and bring it to the tournament.

☐ Admission for Spectators: \$3 for adults, \$1 for students ☐ Free admission for Coaches with USAW Coaches' Card

☐ Emergency Medical Personnel will be on-site. ☐ Breakfast, lunch and snacks available on-site

☐ \$25.00 entry fee day of tournament, \$20 pre-registration.

☐ For Information: Contact Eric Misko at 860.379.5989 or email miskoe@fpsct.org

☐ Pre-registrations can be mailed Eric Misko, Farmington Wrestling Club, PO Box 608, New Hartford, CT 06057

Check or money order made payable to Eric Misko

☐ No refunds of pre-registration fee except for injuries. Written documentation required.

HS Weight Classes 103, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285

Madison System will be used for all other age groups. Wrestlers will be assigned to correct weight class at weigh in. If there are not enough wrestlers for certain age groups, or if there is a large weight difference between wrestlers, some of the younger age groups may be combined to insure competitive wrestling.

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NAME.....
DATE OF BIRTH Grade..... WT.....
STREET.....
CITY.....
STATE.....ZIP.....
email address.....
TELEPHONE.....
2008-2009 USAW CARD #.....

HS Seeding info (State, NEng, Natl Placement).....
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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.

.....
(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)