

# Nutmeg Folk Style Wrestling Championship Series

SUNDAY October 18, 2009

Divisions: Elementary, Middle School, High School and Open Wrestlers

***OUT OF STATE WRESTLERS WELCOME, Must pay with CASH***

**Place : Stamford High School**

55 Strawberry Hill Ave, Stamford, CT. 06902

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

Madison weights will be used for Elementary and Middle School age groups. Weigh-ins October 18, 2009 from 7:45 am to 9 am (except for Open wrestlers registration from 9:00 to 11:30, Open weigh-in's from 9:30 to 11:30). Wrestling will start at or around 10:00am for Kids through Juniors; Open wrestlers will start wrestling about 12:00. 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 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. NFHS rules apply, Elementary bout times will be 1, 1.5, 1.5, Middle School bout times will be 1, 1.5, 1.5. High School and open will be bout times will be 1, 2, 2. Seeding will be based upon record or placement at State Class(section), State Championship( All States), and New England Placing. Top four seeded for bracket of eight, Top two seeded for brackets with six or less. Tournament is double elimination from the quarter finals forward. # 1 seed get first bye, # 2 gets second bye, etc.

**Medals for the top three finishers in each weight class.**

**Points earned in Nutmeg Series MVW Award, see USAWCT web site for details USAWCT.org**

A 2009-2010 USA Wrestling card **MUST** be shown at registration. If you don't have a card, enclose an additional \$35 with your registration and the USAW card will await you at the pre registration desk (NOTE: if wrestler is under 18 years old, their parent **MUST** sign the registration form ( see [USAWCT.org](http://USAWCT.org) web site for 2009-2010 Membership Application to Pre- Register for a USAW card, which should be mailed with tournament registration form).

**A USAW Card can be purchased at the tournament site for \$35.00.**

- Admission for Spectators: \$3 for adults, \$1 for students • Free admission for Coaches with 2009-2010 USAW Coaches' Card
- Emergency Medical Personnel will be on-site. • 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 **Stamford Junior Wrestling** \*\*\*\*\*Under 18 must have a parent sign the registration form.\*\*\*\*
- For Information: Mark Cammisa 203 790-9209 email [markcammisa@comcast.net](mailto:markcammisa@comcast.net)

To Pre register: • **2009-2010 USA Wrestling Card Required**

Complete entry form, enclose check payable to **STAMFORD JUNIOR WRESTLING** for \$20.00 and **(if under 18) HAVE IT SIGNED BY A PARENT** Mail to SJW c/o Mark Cammisa, 21 Aunt Hack Road, Danbury, CT. **06811**, by October 13th with a check or money order payable to **Stamford Junior Wrestling** .

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

**Elementary Division: Born 2000, 2001, 2002, 2003 and Middle School Division: Born 1996, 1997, 1998 & 1999, weigh classes will be Determined by the Madison System ( grouping wrestlers in brackets of eight, by similar weight).**

**High School Division: Born 1995,1994,1993, 1992, 1991 if registered in a Public High School in the Fall of 2009**

**Open Division: Born 1991 or prior, unless you are born in 1991 and are registered in a Public High School in the Fall of 2009 ( Post Graduate Students are welcome in the Open Division)**

***Birth Certificate must be available upon challenge by tournament Director or other athlete  
Challenging athlete must also present birth Certificate in order to challenge another's age  
Failure to produce Birth Certificate will result in forfeiture of awards.***

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

**High School Division Weights: 84, 91, 98, 105, 112, 119, 125, 130, 135, 140, 145, 152, 160, 171, 189, 215, 285**

**Open Weights: 125,133,141,149,154,165,174,184,197,230 & 285 Tournament Director reserves the right to use Madison Weights if necessary**

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

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NAME..... DATE OF BIRTH .....

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

TELEPHONE.....

2009-2010 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, 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. 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)