

The Cadet Classic

Freestyle/Greco Wrestling Tournament

State Qualifier

SATURDAY – April 27, 2019

Hosted by
LaSalle Wrestling

Location: LaSalle Institute 174 Williams Road Troy NY

Must have a current USA card

Registration: \$30 at the door
Includes both Freestyle and Greco Divisions

Checks made payable to: Lasalle Booster Club

Weight Classes: Madison Weight System

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- *Bantam*
 - *Intermediate*
 - *Novice*
 - *Schoolboy*
 - *Cadet*
 - *Junior*
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Separate divisions for boys/girls if enough participation

Format: 4 Man Round Robin

Wrestling Greco first, immediately followed by Freestyle

<i>Registration & Weigh-Ins</i>	<i>Wrestling begins</i>
7:00 a.m. – 8:30 a.m.	@ 9:30 a.m.

Concession on premises and open all day

Group Rate

10+ from same club
\$20 per athlete

Registration
The Stateline
Freestyle/Greco Wrestling Tournament

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Includes both Freestyle and Greco Divisions

Make checks payable to: Lasalle Booster Club

Freestyle Only

Greco Only

Both

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ School District: _____

USA Card #: _____ Career Record: _____

Accomplishments/Accolades: _____

Any wrestler with a questionable skin condition may be removed from the tournament at any time. Misconduct, child abuse or misconduct toward tournament participants, officials and/or tournament staff by parents or athletes will result in automatic expulsion from the tournament and school property. Tournament directors/officials have the right to remove anyone not complying with tournament or school district rules.

In consideration of this entry being accepted, I hereby release the Hoosick Falls Central School District, its Board of Education, Coaches, and Tournament Officials from any and all claims, liabilities and/or damages incurred by me directly or indirectly, traveling to or from, and/or participating in the "The Stateline" Freestyle/Greco Wrestling Tournament. I take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a medical health insurance policy as a requirement for participation in this tournament and my child is covered by a medical health insurance policy.

Parent's Signature: _____ Date: _____

Questions can be addressed to:
Zach Taber, Tournament Director
Phone: (518) 729-6552
Email: taberzach@gmail.com

Tournament Official Use Only:	
Division:	
Actual Weight:	
Pool:	