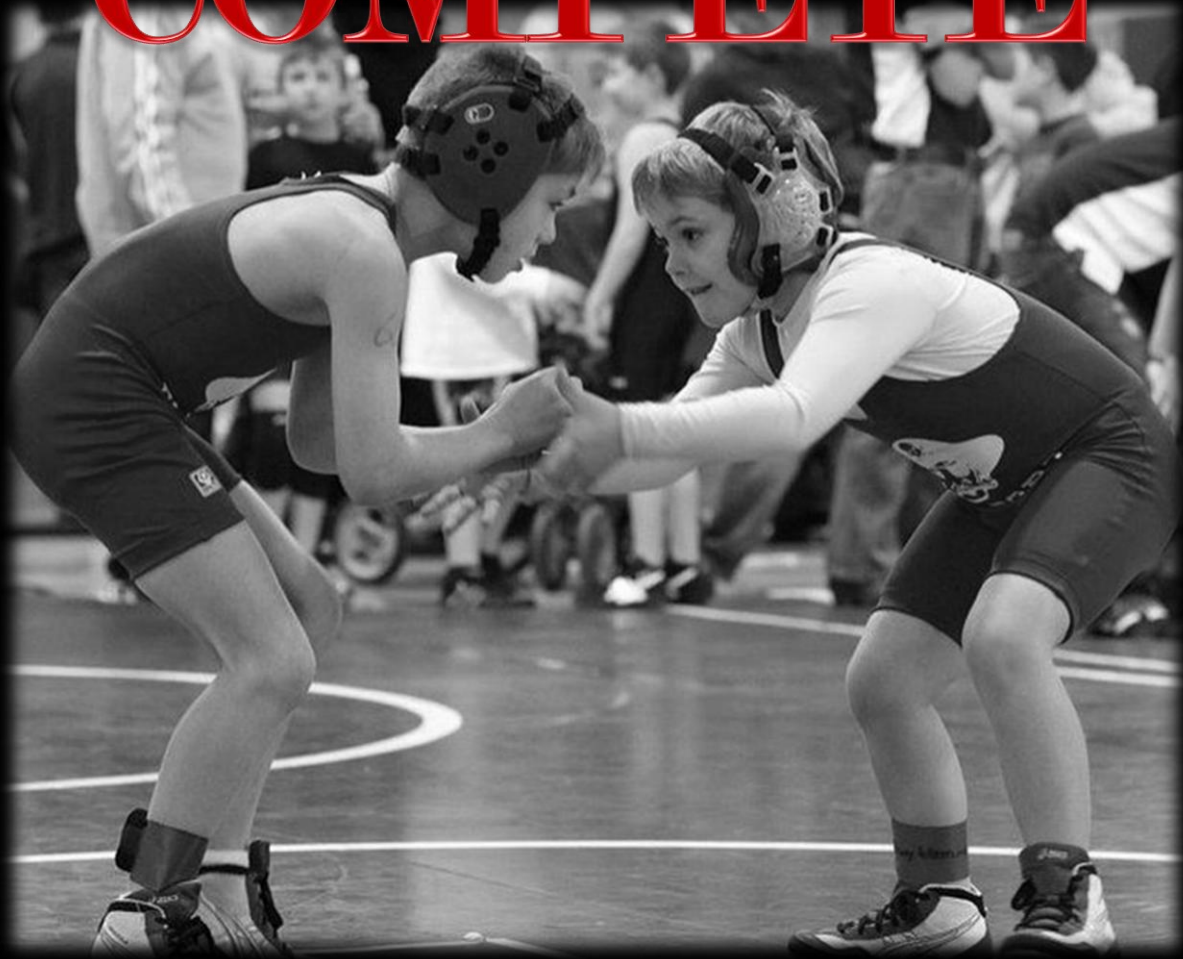


YOU'RE ALWAYS A  
CHAMPION  
WHEN YOU CHOOSE TO  
COMPETE



JR. RED RAIDERS  
YOUTH WRESTLING  
TOURNAMENT

SATURDAY  
FEBRUARY  
18<sup>TH</sup>, 2012

# Fairport Youth Wrestling presents Junior Red Raiders Youth Wrestling Classic



**Saturday**  
**February 18<sup>th</sup>, 2012**  
**Fairport High School**  
1348 Ayrault Rd, Fairport, NY 14450

**Fee: \$22**

Mail checks or money orders payable to  
**Fairport Youth Wrestling Booster Club**  
c/o Megan Volhejn  
45 Valley Brook Drive  
Fairport, NY 14450

**TROPHIES FOR ALL PARTICIPANTS!**

Schedule	
Registration	7:30 – 8:45 am
Coaches meeting	9:00 am
Wrestling will start as soon as possible!	

Award criteria:

Head to Head, Pins, Fastest Pin

Limit 300 wrestlers. **Pre-registration only.**  
All registrations must be postmarked by 2-15-2011.  
Proof of age may be challenged.

Rules: 1-1-1 NYS rules.  
Singlets not required. Headgear optional. OT: 30 seconds  
 **Certified NYS officials used for ALL age groups.**

Registration			Age (as of 1/1/2012)
Name:	Weight: _____ lb <small>Athletes over their pre-registration weight by 3lbs or more will be disqualified and no refund will be given.</small>	DOB: _____/_____/_____	<input type="checkbox"/> 6 and under
Address: _____ (City, State, Zip)		Gender: M / F	<input type="checkbox"/> 7-8
Home phone	Secondary phone	Emergency contact #	<input type="checkbox"/> 9-10
Parent/Guardian Full Name:		Relation:	<input type="checkbox"/> 11-12
School / Club		Years of experience	<input type="checkbox"/> 13-14
Email:	Special needs:		Modified wrestlers welcome. No JV / Varsity experience.
			Participants will be grouped by age, weight, and experience when possible. Wrestlers only allowed to compete in one age group.

**Jr. Red Raiders Tournament Waiver**

**Waiver for Participation:** I hereby understand and acknowledge that there is some risk inherent in all recreational activities. I acknowledge that the Fairport Central School District does not provide accident or medical insurance for the program participants. I fully understand that I must provide proper medical insurance coverage for myself and/or my child. I give permission for a licensed physician or hospital staff to administer emergency medical care deemed necessary for person(s) listed below when parental permission is unavailable. I agree to hold the Fairport Central School District, its employees and officials harmless for and accident, injury, or other cause of action occurring while myself and/or my child participates in this program.

Anybody with a questionable skin condition may be removed from the clinic at any time. Misconduct, child abuse or misbehavior toward officials and/or Fairport Jr. Red Raider staff by parents or athletes will result in automatic expulsion from the tournament and the Fairport High School grounds. Tournament directors have the right to remove anyone not complying with tournament rules.

Athlete's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Contact:** Please email Rob Unger at coachunger@gmail.com