2013 Long Island Wrestling Association
Ken Lesser Memorial
Summer Heat Folkstyle Tournament
Saturday - July 27, 2013

Location: **Hofstra University PFC**
Hempstead, NY 11549

Directions: Meadowbrook Pkwy to exit M4. West on Hempstead Tpke. Hofstra will be about ¾ of a mile on your right. Ask for the PFC (old gymnasium).

Divisions: **9-12th, 8th grade that have wrestled varsity** this past season (Grade in Sept. 2013) and **Open**

Eligibility: Those entering 9-12th Grade or 8th if past varsity experience this past season. **Graduated seniors must compete in Open Division**.

USAW Card A USA Wrestling competitors card is required. A one time event card may be purchased for $10 .

Registration & Cost:

Registration fee: **$30**

No Pre-registrations

http://longislandwrestling.org

Cash Only at the Door

Mandatory Weigh-ins:

HS Division:	7:30 - 8:30 AM	**(9-12th - 8th grade if varsity 2013)**
Open Division:	8:00 - 8:30 AM	

Skin Check: **Athletes must be prepared and must submit to a skin disease screening prior to weigh-in. The Chief Medical Officer has full authority without appeal in determining the eligibility of an athlete to compete. Anything questionable must be accompanied by a doctors note on the offical HS form stating the condition and that it is not active and not contagious.**
Doctors form can be found here: http://nysphsaa.org/sports/pdf/wrest_SkinForm.pdf

Competition: Folkstyle, Championship Bracket, wrestleback to 3rd from quarters - Losers get at least 2 matches if possible
NYS HS Rules, College Out-of-Bounds Rule, Headgear Suggested,
Periods: 1½-1½-1½ , 1 min. SV, two-30 sec. Crit. TB, one-30 sec. UTB
HS Division: Start Wrestling approximately 10:00AM **- Open Division**: approximately 9:30AM

Weight Classes:
HS: 102, 109, 116, 123, 129, 135, 141, 148, 155, 163, 173, 185, 198, 223, 288
Open: Madison Weights

Weight Classes May Be Combined to Promote Wrestling at the Discretion of the Tournament Director

Awards: 1st - 4th Place

Food Concession: There will be a food concession on-site

Contact: Tournament Directors
Scott Arnel - (516) 624-8113
Steve Meehan - (631) 567-2337

High School	102	109	116	123	129
	135	141	148	155	163
	173	185	198	223	288

DO NOT WRITE IN BOXES
Actual Weight

USA Card # : _____ Date of Birth: ____/_____/____ Grade Sept 2013: _____

Club or Team : (List only one) _____

Name : _____
First Last

Address : _____

City : _____ State : _____ Zip code : _____

Telephone : (_____) _____- _____

Email Address : _____

SEEDING CRITERIA (Check Box That Applies If Any)

2013 HS Sectional (State Qualifier) Placement		2013 HS State Placement	
☐ 1st Place	☐ 4th Place	☐ 1st Place	☐ 4th Place
☐ 2nd Place	☐ 5th Place	☐ 2nd Place	☐ 5th Place
☐ 3rd Place	☐ 6th Place	☐ 3rd Place	☐ 6th Place

Participant's 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 LONG ISLAND WRESTLING ASSOCIATION, INC., its insurers, its affiliated administrators, agents, directors, officers, members, committees, volunteers, and any and all participants, officials, referees, coaches, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any LONG ISLAND WRESTLING ASSOCIATION, INC 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 hereinafter 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 LONG ISLAND WRESTLING ASSOCIATION, INC 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 LONG ISLAND WRESTLING ASSOCIATION, INC 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 s 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 LONG ISLAND WRESTLING ASSOCIATION, INC 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 any other losses to person or property, including death, and that severe social and economic losses may 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. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably forseeable 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.

The undersigned, _____does hereby represent that he/she is, in fact, the parent or legal 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) (Date) (Print Name) (Relationship to minor)