6th Annual

Mt. Olive Junior Summer Duals

Sponsor: Mt. Olive Junior Wrestling Association

Where: Mt. Olive High School

When: June 3, 5, 6

Time: 5:00-9:00 p.m.

Weight Classes 58, 65, 70, 75, 80, 85, 90, 96, 105, 115, 125, 138, 160

Rules: Federation rules with overtime criteria used to determine winner.

Hair rule NOT in effect.

Headgear and singlet recommended.

Sorry, no 2012 8th grade graduates.

Match Times: 1 min – 1 min 1 min (OT – 1 min; 2OT – 30 sec)

Teams: May consist of 2 or 3 schools to form any one team

Registration: First 16 teams. Mail or phone by May 29st for pre-registration.

Features: 5 mats

Entry Fee: $25.00 per wrestler or $220.00 per team.

Make checks payable to Mt. Olive Jr. Wrestling Ass.

Send to: Mt. Olive High School

Attn: Sean Smyth

Corey Road

Flanders, NJ 07836

Attention: Wrestlers not able to form a full team contact Sean Smyth to arrange for possible placement on a team.

No admission charge for parents or spectators!!!

For further information, call:

Sean Smyth (C) 973-610-3369

(H) 973-347-2551

Brad DiRupo (W) 201-336-5314

(H) 973-709-9669

Mt. Olive Junior Summer Duals Registration Form

(You may duplicate this form)

Please Print

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_\_ Age (during year of competition) \_\_\_\_\_\_\_\_\_\_\_\_

Grade in September 2013\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years of wrestling experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Coach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION REQUIRED

(MUST be completed and signed for tournament participation)

I hereby certify that my son/daughter is in good physical condition and may participate in all tournament activities. I will not hold the Mt. Olive School District, its administration or employees responsible in the event of accident or injury as a result of his/her participation in the Mt. Olive Junior Summer Duals. I also hereby grant permission for my child to be given emergency medical treatment at a local hospital in the event an injury should occur as a result of participation in the Mt. Olive Junior Summer Duals.

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical or Special Notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Our organization does not provide medical insurance to wrestlers. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used. We require participants to be covered by some form of medical insurance. Please provide the name and telephone number in the event of injury that requires emergency treatment when Parent/Guardian cannot be reached.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/accidental Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_

For more information, call:

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Brad DiRupo 973-709-9669