

## **8<sup>TH</sup> Annual Lopatcong Township Future Champions Round Robin Wrestling Tournament**

DATE: Saturday, March 3, 2012.

PLACE: Lopatcong Elementary School – 263 Route 57, Phillipsburg, NJ 08865.

TIMES: Wrestling begins at 9:00 AM on March 3, 2012; Doors open at 8:15.

AWARDS: Trophies will be awarded for first; medals for 2nd through 4<sup>th</sup>

RULES: NJSIAA modified rules.  
Three mats will be used.  
Headgear and singlets are required.  
NJSIAA Certified Officials.  
Bout times will be 1-1-1.

**THIS TOURNAMENT IS INTENDED FOR REC LEVEL WRESTLERS  
ONLY. NO CLUB WRESTLERS.**

- Any wrestler that is seeded/places 1-4 in any open tournament IS NOT eligible.
- Any wrestler with 3 or more varsity wins in any league IS NOT eligible (forfeits will not count as a win).

Every wrestler is guaranteed two matches.

Proof of age should be available if challenged.

Honor system for weights. Wrestler's weight may be challenged at the discretion of the Tournament Director. Actual weight may not exceed entry weight by more than 2 pounds.

Tournament Director has final authority to accept or deny application; falsification of any information on the registration form could subject the wrestler to disqualification from the tournament without a refund of entry fee.

MADISON BRACKETS. Wrestlers will be placed in a bracket based on (1) weight; (2) age; (3) years of experience; and (4) novice/JV/Varsity status. Every attempt to match wrestlers based on the above criteria will be used, but we cannot guarantee that all criteria will be met in every bracket.

ENTRY FEE: \$20.00 **MUST BE RECEIVED BY FEBRUARY 25, 2012 – NO REFUNDS**

We must have a minimum of 90 wrestlers, or the tournament committee will have the option of canceling the tournament and all Entry Fees will be returned. Tournament is LIMITED TO THE FIRST 180 QUALIFIED ENTRIES.

Make checks payable to: **Lopatcong Athletic Association (L.A.A.)**

Mail to: Neil Day  
32 Meadowview Drive  
Phillipsburg, NJ 08865

Call: Neil Day (908) 859-6036

ADMISSION: Adults \$3.00 (including Coaches) -- Students under 12 and Children: Free

MEALS: Reasonably priced food will be available in the cafeteria all day. T-shirts will be available for purchase.

**ABSOLUTELY NO FOOD OR DRINK ALLOWED IN THE GYM!**

**OFFICIAL ENTRY FORM**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Weight: \_\_\_\_\_

Years of Experience: \_\_\_\_\_

Varsity experience: Yes: \_\_\_\_\_ No: \_\_\_\_\_

JV experience: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Novice Wrestler: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(1<sup>st</sup> year; no JV/  
Varsity Experience)

2011-12 Win/Loss Record: \_\_\_\_\_

2010-12

Awards/Accomplishments/Distinctions: \_\_\_\_\_

SCHOOL/TEAM/TOWN: \_\_\_\_\_

League Affiliation: \_\_\_\_\_

As a condition of my child's entry, I hereby declare that he/she is entering at his/her risk and that he/she and I will not in any way hold liable the tournament director, officials, Lopatcong Area School District, Lopatcong Athletic Association (including its officers, directors, members and agents), and/or Lopatcong Township coaches for any injuries or losses that may be incurred directly or indirectly from training for, traveling to and from the tournament, and/or competing therein. I further acknowledge and understand that in the event my child requires medical attention as a result of participation in the tournament, neither the tournament director, officials, Lopatcong Area School District, Lopatcong Athletic Association and/or Lopatcong Township coaches shall provide any medical insurance coverage for any such medical attention.

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Date