**BUENA BRAVES** 39 YEARS OF

TOURNAMENT WRESTLING TRADITION

*DATE: Sunday, Jan.20 , 2013 CALL FOR SATELITE WEIGH INS LOCATION: Buena High School, 125 E. Weymouth Rd. Buena, NJ TIME: Weigh-ins/Walk-ins:* ***Friday,1/18 - 5-7:30 pm Sat, 1/19 4-5:30pm***  *Wrestling: -* ***8:30am;****,Bantam, Ban Nov., Midget-* ***12:30*** Tot/junior/int  *ELIGIBILTY: 14 years old or younger as of 1/13- NO HIGH SCHOOL STUDENTS!**RULES & REGULATIONS: NJSIAA RULES W/ SOME EXCEPTIONS*

1. *Length of bouts:tot, ban/nov – ban., 9&10- 1:1:1, Jun. & Int 1, 1:30, 1:30 (standard ot)*
2. ***NO REFUNDS***
3. *HEAD GEAR IS MANDATORY!*
4. *Medals for top 3 per wt.class*
5. ***ENTRY FEE- $25.00 FOR PRE-REG. BY TUE. 1/15 - $30.00 WALK-IN***
6. *Admission $5.00 adults : $2.00 students & seniors*
7. ***Guaranteed at least 2 matches***

*\*13-14(1998-99) MADISON WEIGHT PAIRINGS \*11-12(2000-2001) MADISON \*9-10(2002-2003) MADISON \*Bantam(2004-2005) MADISON \*Bantam Novice (2004-2005) Madison weight pairings;* ***1ST YEAR WRESTLER’S ONLY!*** *\*Tot (2006-07) Madison weight pairings \*at least 2 matches per wrestler!* ***All WEIGHT CLASSES ARE FORMED BY DIRECTOR’S DISCRETION***

***AGE DIVISION (CIRCLE ONE) TOT BANTAM BANTAM NOVICE MIDGET JUNIOR INT. actual wt.\_\_\_\_\_\_\_\_\_\_\_\_***

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date\_\_\_\_\_\_\_\_\_ Team\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2012-13 record\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ tournament places on bottom of back!

In consideration of your accepting this application, I, the undersigned, intend to be legally bound, hereby, for myself ,my heirs, executive, and administrators waive and release any and all rights and claims for damage I may have against the Buena Braves Athletic Assoc., Buena Regional High School, and their representatives, successors and assigns for any and all injuries suffered by me in all activities pertaining to this tournament, also for all the claims or rights to damages of injuries or losses suffered by one directly or indirectly in training or traveling to or from or competing in this tournament. SIGNATUREOFWRESTLER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_

**CHECKS PAYABLE TO: BUENA BRAVES ATHLETIC ASSOC. – MAIL APS. TO: BRETT ARETZ 229 Locust Ave. Milmay NJ 08340 – FOR INFO, CONTACT BRETT @ 609-476-0304 (BEFORE 9:00 PM)** email bc2aretz@verizon.net