

**The Stateline**  
**Freestyle/Greco Wrestling Tournament**  
**State Qualifier**

**SATURDAY – April 28, 2018**

Hosted by  
Hoosick Falls Youth Wrestling Club

**Location:** Hoosick Falls Central School, 21200 Route 22, Hoosick Falls, NY

**Must have a current USA card**

Registration: \$30 at the door; \$25 pre-registration  
Includes both Freestyle and Greco Divisions  
(pre-registration must be received by April 21<sup>st</sup>)

Checks made payable to: Hoosick Falls Youth Wrestling Club

Weight Classes: Madison Weight System

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- *Bantam*
  - *Intermediate*
  - *Novice*
  - *Schoolboy*
  - *Cadet*
  - *Junior*
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Separate divisions for boys/girls if enough participation

Format: 4 Man Round Robin

Wrestling Greco first, immediately followed by Freestyle

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<i>Registration &amp; Weigh-Ins</i>	<i>Wrestling begins</i>
7:00 a.m. – 8:30 a.m.	@ 9:15 a.m.

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Concession on premises and open all day

**Group Rate**  
10+ from same club  
\$20 per athlete

# Registration

## The Stateline

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 (pre-registration must be received by April 21<sup>st</sup>)

Make checks payable to:  
 Hoosick Falls Youth Wrestling Club  
 6 Mahar Road  
 Hoosick Falls, New York 12090

**Freestyle Only**
                         
  **Greco Only**
                         
  **Both**

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

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

Phone Number: \_\_\_\_\_ School District: \_\_\_\_\_

USA Card #: \_\_\_\_\_ Career Record: \_\_\_\_\_

Accomplishments/Accolades: \_\_\_\_\_

\_\_\_\_\_

Any wrestler with a questionable skin condition may be removed from the tournament at any time. Misconduct, child abuse or misconduct toward tournament participants, officials and/or tournament staff by parents or athletes will result in automatic expulsion from the tournament and school property. Tournament directors/officials have the right to remove anyone not complying with tournament or school district rules.

In consideration of this entry being accepted, I hereby release the Hoosick Falls Central School District, its Board of Education, Coaches, and Tournament Officials from any and all claims, liabilities and/or damages incurred by me directly or indirectly, traveling to or from, and/or participating in the "The Stateline" Freestyle/Greco Wrestling Tournament. I take responsibility for any and all damages done by my child at said tournament. I also understand that my child must be covered by a medical health insurance policy as a requirement for participation in this tournament and my child is covered by a medical health insurance policy.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Questions can be addressed to:*  
**Zach Taber, Tournament Director**  
*Phone: (518) 729-6552*  
*Email: taberzach@gmail.com*

Tournament Official Use Only:	
Division:	
Actual Weight:	
Pool:	