

Washington Township Junior Wrestling
JIMMIE FISLER MEMORIAL TOURNAMENT

Saturday, February 4, 2017

4 Foot Trophies for 1st Place

****Ohio Tournament of Champions Qualifier****
450 Wrestler Max

Location: Washington Twp High School

529 Hurfville-Cross Keys Road Sewell NJ, 08080

Weigh-ins: Thursday February 2, 2017 6pm-9pm

WT CAC Building 573 Hurfville-Cross Keys Rd. (Next to High School)

Saturday, February 4, 2017 (Pre-Register only)

Washington Twp HS 529 Hurfville-Cross Keys Road Sewell NJ, 08080

Tot-Bantam Novice-Bantam 6am-8am; Midget-Junior-Intermediate 10am-12pm

Start Times: Tot- Bantam and Novice-Bantam 9am / Midget-Junior-Intermediate 1pm

Bout Length: Tot-Bantam Novice-Bantam-Midget: 1-1-1 Junior-Intermediates: 1-1½-1½

Registration: On-Line Registration Only

Registration Link: <http://boutmastersllc.com/merchandise.cfm?eventid=557&step=1&link=0&ty=0>

\$25.00 per wrestler paid in advance

\$30.00 per wrestler pay at the door (must register on-line)

Call for Team Pay and Satellite Weigh-ins

Rules: NJSIAA rules apply Singlet & Head Gear mandatory

Participants may enter only 1 division

Weight Class may be combined at Directors discretion

Birth Certificates must be available from both parties if challenged

Awards: First, Second, Third place trophies – all TOTs receive participation trophy

Contact: Name Rob Petracci Phone # 856-466-8847 (email): petracci32@verizon.net

DIVISIONS/WEIGHT CLASSES No High School Wrestlers

<u>DIVISION</u>	<u>Year of birth</u>	<u>Weight Classes</u>
TOTS	up to 2010	36 – 40 – 44 – 48 – 52 – 56 – 60 – 65 – 70 – HWT
Bantam Nov	2008-2009	40 – 45 – 50 – 55 – 60 – 65 – 70 – 75 – 80 – 85 – 90 – 95 – HWT
Bantam	2008-2009	40 – 45 – 50 – 55 – 60 – 65 – 70 – 75 – 80 – 85 – 90 – 95 – HWT
Midget	2006-2007	55 – 60 – 65 – 70 – 75 – 80 – 85 – 90 – 96 – 102 – 108 – 115– HWT
Junior	2004-2005	65 – 70 – 75 – 80 – 85 – 90 – 96 – 102 – 108 – 115 – 125 –140-HWT
Inter.	2002-2003	75 – 80 – 85 – 90 – 96 – 102 – 110–118–126–134 –142 –150–160– HWT

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SATURDAY, February 4, 2017

REGISTRATION FORM

****BOTH Town & Club affiliation MUST be noted to avoid wrestling teammates in first round when possible****

Changes **WILL NOT** be made day of tournament / Seeding will be based upon submitted record

Please send completed registration & fee to WTJW @ PO Box 8096 Turnersville, NJ 08012

PLEASE PRINT LEGIBLY!

NAME: _____ TEAM AFFILIATION: _____

DOB: _____ DIVISION: _____ WEIGHT CLASS: _____

ADDRESS: _____

TOWN: _____ STATE/ZIP: _____ PHONE: _____

2016-17 RECORD/ACHIEVEMENTS:

In consideration of my acceptance of my child to participate in this tournament, I hereby waive any and all rights for claims of injury or damage while at said tournament or in transit to or from said tournament against the Washington Twp. School District, Washington Twp Junior Wrestling Club, Tournament Directors, Coaches and Referees. I also understand that if my child has any suspicious skin markings, he/she may not be allowed to enter the tournament without a physician's note stating the child is free of contagious skin conditions.

Parent signature: _____ **Date:** _____

All event participants and attendees are subject to Township ordinance 21-2002 establishing a code of conduct. A copy of this ordinance will be available from tournament director for your review if you have any questions or concerns. This ordinance will be enforced at all events within Washington Township.

(WEIGHT MASTER: ACTUAL WEIGHT = _____)