

TOM TOMEIO SUMMER SLAM

Name_____ Division_____ Weight_____ (leave blank)

Address_____ City_____

State_____ Zip_____

School/Club_____ Coach_____

EMERGENCY NAME/PHONE NUMBER_____

Highest wrestling accomplishment within last 2 years_____

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Date: Saturday, May 30, 2009, at Grove City Area High School.

Time: Weigh-Ins 8-9:00am, wrestling begins at **10:30am**.

Divisions: Open, High School*, Junior High(7th & 8th grade*), ages** 12-10, 9-7, 6 & under. *Grade for 2008-2009 school year; **age as of 5/30/2009

Weights: TBD. We're using a modified "Madison System" with pool-format brackets

Cost: \$15.00. Please make checks payable to Grove City Senior Wrestling Boosters

Match Length: 2-1-1 for high school and Open
1.1.1 for all other divisions

LIABILITY RELEASE: I, the undersigned, individually, or as a parent/guardian of _____, a minor, ask that he/she be admitted to participate in the above Grove City Senior Wrestling Boosters-sponsored event. I do hereby agree to release, discharge, and hold harmless the Grove City Senior Wrestling Boosters and the Grove City Area School District, their agents, and employees of and from all causes, liabilities, and damages, claims, or demands whatsoever on account of any injury, accident, and/or illness, mental or physical, involving the said minor arising out of the minor's/myself attendance at the sporting event or in the course of competition held in connection with this event.

Parent/Guardian Signature Required

Date_____