

# KING OF THE MAT JUNIOR VARSITY LEAGUE TOURNAMENT

SPONSORED BY THE PARSIPPANY P.A.L. WRESTLING CLUB

- \* **DATE:** Saturday, February 6th, 2010
- \* **TIME:** 9:00 AM sharp
- \* **BRACKETS:** Will be posted by 8:30 AM
- \* **LOCATION:** **Parsippany P.A.L. Building** – 33 Baldwin Rd. Parsippany NJ 07054
- \* **WEIGH-INS:** There will be no weigh-ins. This tournament is on the honor system. Each coach will certify the weights of their wrestlers by Monday February 1st, 2010 by email to [wrestling@parsippanypal.org](mailto:wrestling@parsippanypal.org)  
A scale will be at the head table in case of a challenge.
- \* **ELIGIBILITY:** Third grade to Eighth grade. Each entrant must have wrestled for at least two of the J.V. King of the Mat's. Additionally this tournament is limited to those wrestlers not competing in another end of the year Varsity Tournament such as The North Jersey, Tri-County, etc.
- \* **RULES:** Madison Weights-Double Elimination-Scholastic Rules-No Seeding-Periods 1, 1 ½, 1 ½ and overtime. Singlets, head gear and wrestling shoes a must. Mouth guards required for anyone with braces.
- \* **BRACKETS:** We will be using 6 and 8 man brackets. We will create weight classes based on the kids that have registered. No seeding. The brackets will be posted by 8:30 AM.
- \* **AWARDS:** Medals for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> place only.
- \* **REGISTRATION FORMS:** Registration forms are to be delivered to the Parsippany P.A.L. – 33 Baldwin Rd. Parsippany, N.J. as a team, by Saturday January 30th, 2010
- \* **CANCELLATION:** This tournament will not be cancelled unless there is a blizzard and the Parsippany P.A.L. closes.  
In the case of inclement weather please go to NJ Youth Wrestling Forum and look for an announcement.
- \* **ENTRY FEE:** \$20.00 payable to The Parsippany P.A.L. (Late fee Of \$25.00 if not received by 1/30/10)
- \* **ADMISSION:** Adults \$5.00, Children \$2.00
- \* **FOOD:** The cafeteria will be open throughout the day!
- \* **QUESTIONS:** **Danny Ilic** – [wrestling@parsippanypal.org](mailto:wrestling@parsippanypal.org) Cell: 973-445-0066 - Home: 973-439-9672
- \* **DIRECTIONS:** Directions to the Parsippany P.A.L. can be found on our website at [www.parsippanywrestling.com](http://www.parsippanywrestling.com)

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Wrestler's Name \_\_\_\_\_ Parent/Guardian Phone #: \_\_\_\_\_

Address \_\_\_\_\_

Weight \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ D/O/B \_\_\_\_\_

Team Name & Town \_\_\_\_\_

Number of Years Wrestling: (please include this year and do not include kindergarten): \_\_\_\_\_

Tournaments: \_\_\_\_\_

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## PERMISSION:

I am the parent or legal guardian of the above contestant and give my permission for him/her to compete in this tournament on February 3, 2008. I hereby hold harmless the Parsippany P.A.L and The King of The Mat League, Sponsors, Officers, Coaches, Referees and Volunteers from any and all liability incurred in my son/daughter's voluntary participation in this tournament.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_