



Kent Open Novice Wrestling Tournament

Flash Brawl



Sponsored by Kent Parks and Recreation Dept

February 19th 2012
Kent Roosevelt HS
 1400 N. Mantua St, Kent, OH, 44240

9:00 a.m.
Clinic with the KSU
Wrestling Coach
& Players!!!!

*For Wrestlers age 5-13
 not in highschool and
 2 or less years of
 experience allowed.*
Weigh-ins:
 7:30am-9:00am
First Match(s) start:
 9:30 am

Partnering With:
Kent State University
Kent Wrestling Boosters
KSU Wrestling Team

Divisions	Age Group	WEIGHT CLASSES											
		40	45	50	55	60	70	Hwt					
Midget	5-6												
Bantam	7-8	45	50	55	60	65	70	75	85	Hwt			
Junior	9-10	55	60	65	70	75	80	86	93	100	115	Hwt	
Olympic	11-13	65	70	75	80	85	92	100	110	125	140	Hwt	

We have a 250 wrestler Max.
I would encourage all to pre-register in order to secure a spot in the Tournament!!

Awards: Medals will be awarded to the top three place winners in each weight class

Entry Fee: \$15.00 per wrestler if registered by **February 15th 2012**
 \$20.00 per wrestler day of registration

Concessions: Available All day

Contact Information: Coordinator: Nick Pangio (614) 429-8658
 Kent Parks and Rec Office (330) 673-8897

Doors open
7 a.m.

Additional registration forms available at www.kentparksandrec.com

REGISTRATION FORM

Name _____ Division: _____ Weight: _____
 Date of Birth: _____ Age: _____ Current Grade: _____
(day of tournament)
 Address _____ City _____ Zip _____
 Phone: _____ Email _____@_____.

Waiver of Liability

Waiver- I intending to be legally bound, do hereby, for myself, my heirs and assignees, waive any and all claims to damages I may have against Kent Park and Recreation Department, Kent City Schools and Kent State University or any agent or representative of the afore mentioned and give permission for _____ to participate in the Flash Brawl Wrestling Tournament. Photographs and videos are periodically taken of participants during programs. Please be aware that these photographs may be used for parks and recreation and Kent State University publication, local newspapers, and or website, including Facebook.

Signature of Parent _____ Date _____

Send Registration to Kent Parks and Recreation, 497 Middlebury Road, Kent OH 44240 with a check or money order. If addition information is needed please contact the office at 330-673-8897 or Nick Pangio (coordinator) at: 614-429-8658

**KENT PARKS AND RECREATION
EMERGENCY MEDICAL AUTHORIZATION**

Child's Name _____ Program _____
Address _____ Phone (330) _____
_____ DOB _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured, while involved in a recreation activity, when parents or guardians cannot be reached.

PART I or II MUST BE COMPLETED

PART I - TO GRANT CONSENT

Mother's Name _____ Home Phone (330) _____
Work Phone (330) _____
Father's Name _____ Home Phone (330) _____
Work Phone (330) _____

Local alternate persons to be notified in case neither parent can be reached.

Name _____ Home Phone (330) _____
Work Phone (330) _____
Name _____ Home Phone (330) _____
Work Phone (330) _____

Physician to be called _____ Phone () _____
Dentist to be called _____ Phone () _____
Preferred Local Hospital _____ Phone () _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

PART II – REFUSAL TO GRANT CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Kent Recreation staff or volunteer to:

Signature of Parent/Guardian _____ Date _____



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ROOSEVELT HIGH SCHOOL

1400 N. Mantua St, Kent, OH, 44240

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WHEN YOU ARRIVE AT THE TOURNAMENT:

1. Report to the registration table in the cafeteria
One table will be for pre-registered (7:00 a.m.)
One table will be day of registration
2. Turn in your child Emergency Medical Authorization form that is attached to the registration form
(your child will not be able to participate if this is not completed)
3. Weigh-ins will start promptly at 7:30am
4. General Admission \$5.00
Students and Senior Citizens \$3.00
5. Parents who bring younger siblings to watch must be with them at all times!!!
4. KSU Mini Clinic will begin at 9:00a.m. with KSU Head Wrestling Coach Jimmy Andrassy along with giveaways and player autographs
5. First matches will begin at 9:30 a.m.

Concessions and T-Shirts
will be available for purchase.

*If any questions before or during the event please feel free to contact
Nick Pangio at (614)429-8658 or
Kent Parks and Rec at (330) 673-8897.
Thank you for your interest and Good Luck!!!!*

