



# 5th ANNUAL KNIGHT FIGHT

## High School and Middle School Wrestling Tournament

Walk-ins with payment allowed at weigh-ins

NO walk-ins day of tournament

Guaranteed 2 Matches – 6 or 7 MATS

Directions and updated registration info go to

[www.robbinsville-wrestling.com](http://www.robbinsville-wrestling.com)

For questions or to arrange a satellite weigh-in for your area,

**contact RWA at (609) 845-4212 or [rwainfo@optonline.net](mailto:rwainfo@optonline.net)**

**Date:** April 18, 2010

**Location:**

Robbinsville High School  
155 Robbinsville-Edinburg Rd  
Robbinsville, NJ 08691

- Weigh Ins:** April 15, 2010 6:30-9:00 pm at Robbinsville High School;  
Additional satellite locations and times will be posted on the web site
- Start Time:** 8:30am
- Age Groups:** Middle School (current school year of 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grade)  
High School (current school year of 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grade)
- Bout Length:** Middle School = 1, 1.5, 1.5; High School = 1.5, 1.5, 1.5 (All wrestle-backs 1, 1, 1)
- Entry Fee:** \$25 Pre-registered, forms and payment received by April 9, 2010 (**LIMIT 450 wrestlers**)  
\$35 after April 9<sup>th</sup>.
- Rules:** NJSIAA Rules, Head Gear, singlet, mouthpiece (for braces) required.
- Format:** 8-man brackets organized by a combination of Madison weight system and flighted based records submitted. The goal is to combine wrestlers of similar skill levels into each 8-man bracket to generate competitive match-ups throughout the tournament. Director reserves the right to combine weight classes.  
Wrestlers from the same club will be separated in the first round if possible.
- Admission:** \$5 Adults, \$3 children under 12
- Awards:** Medals to top 3 finishers in each bracket

**Send form & checks payable to:** Robbinsville Wrestling Association, P.O. Box 535, Windsor, NJ 08561-0535

Name: \_\_\_\_\_ dob: \_\_\_\_\_ Current School Grade \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Club/Team: \_\_\_\_\_ (will be used to separate wrestlers in first round if possible)

**2009-10 Accomplishments:** \_\_\_\_\_ **Approx. weight:** \_\_\_\_\_

Varsity record: \_\_\_\_\_ JV record: \_\_\_\_\_

State tournaments (e.g. Districts, Regions, States) \_\_\_\_\_

County tournaments: \_\_\_\_\_

Other: \_\_\_\_\_

**Self-rating scale, please circle one;** 1 (champion) 2 (competitor) 3 (jv/sub.500 varsity)

*I, the undersigned, hereby declare that if accepted to participate in the Robbinsville Knight Fight Wrestling Tournament, I will do so at my own risk and of my own free will. I will not, in any way, hold liable the sponsors, tournament officials, Robbinsville High School, or referees, for any injuries or losses that I might receive, directly or indirectly, while traveling to or from, or competing therein. I understand that if I (my child) has any suspicious skin markings, I (my child) may not be allowed to enter the tournament without a doctor's note stating that the wrestler is free of any contagious skin conditions.*

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Wrestler signature: \_\_\_\_\_ Date: \_\_\_\_\_