



Yeshiva University Henry Wittenberg Wrestling Invitational

FEBRUARY 15-18, 2008

Enclosed you will find the following forms. Please return forms 1-4 to the YU Office of Admissions by **January 10, 2008**.

1. **School Participation Form**: This form must be filled out by your school principal.
2. **Travel Itinerary Form**: Teams flying to the tournament should arrive at Newark Airport on Thursday afternoon. The remaining teams should meet at YU on Friday morning. See the *Travel Itinerary Form* for more details. Please note that the tournament does not end before 3:00 PM on Monday, February 18th. Please do not schedule return flights to leave before 6:00 pm otherwise we cannot guarantee a punctual departure.
3. **Room Request Form**: We ask that all forms are filled out and mailed or faxed back to the office no later than January 10, 2008. Not all requests can be guaranteed and rooming assignments are final.
4. **Student Participation and Medical Forms**: These forms must be completed by each participant and only original copies will be accepted (no faxes). Please ensure that these forms are signed by both the student and a legal guardian. Forms that are not signed will be returned to you. Any participant who does not submit these forms will not be allowed to participate in the tournament.
5. **Team Roster**: The electronic team roster (see attached) should be completed and emailed to me (ckirschner@yu.edu) by **December 10, 2007**.

The cost of \$100 per wrestler includes quad-occupancy for wrestlers. Schools are allotted three free spots for coaches/chaperones at bi-occupancy for coaches. We reserve the right to pair up coaches/chaperones with other schools. Coaches requesting a single occupancy will be charged a \$200 per person.

- # of Chaperones required (1 per 10 students)
- The cost includes
 - Tournament Fees
 - Hotel rooms
 - Three (3) shabbos meals and shabbos program
 - Saturday night activity with dinner
 - Transportation to and from Newark Airport (where applicable)
 - Transportation between the Fort Lee Hilton and Yeshiva University
- The shabbaton program is mandatory for all participants. (Both in-town and out-of-town)
- Should parents want to join us, they can reserve a room at the Fort Lee Hilton at our special YU room rate. They should contact the hotel directly at 201-461-9000 and ask for the Yeshiva University Parents block rate (\$139 a night). Rooms are available on a first come first served basis and will most likely be released 2 weeks before the start of the tournament. At that point, they will no longer be available at the reduced rate. Should parents join us they will be our guest for shabbos at no additional cost. Space is limited so they must e-mail **ckirschner@yu.edu** with their name, reservation number and the number of people in the group.

Once we receive the above mentioned forms we will e-mail you a copy of your information from our database. At that time we will need you to double check that copy for spelling and accuracy.

All forms must be postmarked by **January 10, 2008**.

Thank you and please don't hesitate to contact me with any questions. My e-mail address is **ckirschner@yu.edu**.

Sincerely yours,

Chanie Kirschner
Admissions Events Manager



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SCHOOL PARTICIPATION FORM

To be completed by school principal

Name of School: _____

Name of Chaperone(s): _____

Name of Coach: _____

1. We hereby assume the primary responsibility for the conduct, health, and safety of our students.
2. We hereby affirm that in the event any damage is caused by one of our students that require repair or replacement, our school, _____, will assume the cost for repairing or replacing the item.

Name of Principal: _____

Principal's Signature: _____ Date: _____

Contact Information:

Principal's Email Address: _____

Principal's Phone Numbers: _____

Coach's Email Address: _____

Coach's Phone Numbers: _____



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TRAVEL ITINERARY FORM

Name of School: _____

Name of Adult Chaperone(s): _____

Check here if you will be flying in to Newark Airport on Thursday

FLIGHT INFORMATION TO NEW YORK				
Airline	Flight Number	Departure Date / Time	Arrival Time	Destination (Newark)
FLIGHT INFORMATION HOME				
Airline	Flight Number	Departure Date / Time	Arrival Time	Airport of Departure (Newark)

Check here if you will be arriving to YU on Friday. (New York area teams only)

Check here if you will be using your own transportation.

Please note:

Flights should be booked to Newark airport. We will provide transportation to and from the airport. Flights should be arriving Newark on Thursday midday/late afternoon.

Schools from the New York area that will not be flying will check in at Yeshiva University on Friday morning at 7:30am at the Max Stern Athletic Center. Yeshiva University will provide transportation to the hotel Friday afternoon from YU.



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ROOM REQUEST FORM

Name of School: _____

Name of Adult Chaperone(s): _____

Wrestlers are roomed 4 to a room; chaperones are roomed 2 to a room. (\$200 additional for a single room)

Room 1	Room 2

Room 3	Room 4

Room 5	Chaperone's Room
	Room 1:
	Room 2:



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STUDENT PARTICIPATION FORM

Due Date: January 10, 2008

Please Note: Facsimiles of this form are NOT acceptable - original documents only

Please type or clearly print the information requested below.

Name: _____

Address: _____

Phone Number: () _____ Date of Birth: ____ / ____ / ____

Email Address _____

High School: _____ Year: FR SO JR SR

In case of emergency please call: Name: _____

Phone: () _____ Relationship to participant: _____

As a participant in the Yeshiva University Henry Wittenberg Wrestling Tournament, the following points are fully understood:

- I. *Adherence to the total program is required for each participant.*
- II. *Participants are responsible for any damage that they may cause to Yeshiva University and any property of third parties.*
- III. *Throughout the entire weekend, participants must adhere to the high standards of religious observance expected at a Yeshiva University event.*

To be completed by participant's parent or guardian

I hereby grant permission for my son, _____, to attend the Thirteenth annual *Yeshiva University Henry Wittenberg Wrestling Invitational* from Friday, February 15, through Monday, February 18, 2008.

In consideration of my child's participation in the Thirteenth annual *Yeshiva University Henry Wittenberg Wrestling Invitational*, I agree that Yeshiva University and my child's school shall not be liable for any loss or damage to property, or personal injury to any individual including my child. I assume all responsibility and will indemnify and hold harmless Yeshiva University, its officers, directors, agents and employees, and my child's school, for any claims, suits, costs or liability (including reasonable attorney's fees) for any and all damage caused by my child, including personal injury with regard to this conference. This release, indemnification, and hold harmless are also applicable to the transportation of my child to and from the conference. In the case of emergency, the Tournament Directors or health care professionals selected by them have authorization to order whatever medical or surgical treatment deemed necessary for my child.

Signature of Parent/Guardian

Date

Signature of Participant

Date



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MEDICAL RELEASE FORM

Due Date: January 10, 2008

Please Note: Facsimiles of this form are NOT acceptable - original documents only.

School: _____

Student's Name: _____ Age: _____

Parent's Name: _____

Home Address: _____

Home Phone Number: _____

Father's Work Number: _____ Cell phone/beeper number: _____

Mother's Work Number: _____ Cell phone/beeper number: _____

IN THE EVENT THAT A PARENT/GUARDIAN IS NOT AVAILABLE, CONTACT:

Name: _____ Relationship: _____

Home Phone Number: _____ Work Phone Number: _____

HEALTH INSURANCE

Health Insurance Name: _____ Health Insurance Phone Number: _____

Doctor's Name & Phone Number: _____

Dentist's Name & Phone Number: _____

Please note all medical problems or allergies below:

In the event that I am not reachable for consultation, if the Athletic Director or his designee determines that it is advisable to seek medical treatment for my child, I give permission to an authorized representative of Yeshiva University to secure medical and/or surgical treatment for my child and I will hold Yeshiva University, its officers, directors, agents and employees harmless from any liability, damages, costs, and expenses arising therefrom.

Signature of Parent/Guardian

Date