

**KEEP CONSISTENT WITH YOUR TRAINING ALL SUMMER LONG  
WITH**

# *The RaZor Wrestling Club's Summer Wrestling Program*

**MONDAY, JUNE 1ST-THURSDAY, JULY 30TH**

**RaZor Facility Commack**

**TUESDAY & THURSDAY**

**6:00PM-7:30PM**

**CHAMPIONS  
TRAIN  
YEAR-ROUND!  
WHAT ARE YOU  
DOING?**

**RaZor Facility Patchogue**

**WEDNESDAY**

**6:00pm-7:30PM**

**RaZor Commack Address:  
152 Veterans Memorial Hwy  
Commack, NY 11725**

*"Sharpen Your Skills"*

**RaZor Patchogue Address:  
208-12 East Main St  
Patchogue, NY 11772**

**This team will be attending a number of the Great 8 Summer Series Tournaments in New Jersey!**

**RaZor Wrestling Club Coaching Staff and Clinicians:**

**Mike Patrovich**

2x NCAA All-American  
4x NCAA Qualifier  
3x Conference Champion  
CAA Wrestler of the Year  
3x Suffolk County Champion  
2x New York State Finalist  
New York State Champion  
High School National Champion

**Joe Patrovich**

Head Coach Islip High School  
Coach of the Year in Nassau & Suffolk  
20 Suffolk County Champions  
12 New York State Finalists  
7 New York State Champions  
9 High School All-Americans  
NWCA Regional Coach of the Year

**Ted DiPasquale**

2x Greco National Finalist  
Cadet Freestyle National Champion  
Former Assistant Coach at Hofstra University  
2X Suffolk County Champion  
NYS Collegiate Champion and HS Runner-up

**Other Possible Clinicians:**

**Charles Griffin**- 2X Div. 1 All-American  
**Ryan Patrovich**- 3x National Finalist  
**Lou Ruggirello**- 3x N.Y. State Champ  
**Scott DeTore**- Suffolk County Champion  
**Sean Coffin**- Suffolk County Champion  
**Matt Sganga**- Div. 3 All-American  
**Tom Cuccinello**- All-County

**COST: \$175 + USA Card**

**Mail To: RaZor Wrestling Club  
P.O. Box 783  
Shoreham, NY 11786**

**FOR MORE INFORMATION:  
[INFO@RAZORWRESTLINGCLUB.COM](mailto:INFO@RAZORWRESTLINGCLUB.COM)  
[WWW.RAZORWRESTLINGCLUB.COM](http://WWW.RAZORWRESTLINGCLUB.COM)**

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

USA CARD #: \_\_\_\_\_ APPROX. WEIGHT: \_\_\_\_\_ WRESTLING EXPERIENCE \_\_\_\_\_ yrs.

T-Shirt Size (Please circle one) YS – YM – YL – AS – AM – AL – AXL

**Parent/ Guardian Medical Waiver and Release Form**

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_