

"Sharpen Your Skills"

TRAIN LIKE A CHAMPION THIS PRESEASON WITH

"Sharpen Your Skills"

THE RAZOR WRESTLING CLUB'S FALL WRESTLING PROGRAM

TUESDAY, SEPTEMBER 8TH - FRIDAY, NOVEMBER 13TH

RaZor Facility Commack

TUESDAY & THURSDAY

6:00pm-7:15pm: BEGINNER PRACTICE
7:15pm-8:30pm: ADVANCED PRACTICE

CHAMPIONS TRAIN YEAR-ROUND! WHAT ARE YOU DOING?

RaZor Facility Patchogue

FRIDAY

6:00pm-7:30pm: BEGINNER & ADVANCED PRACTICE (One Session)

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

SHOREHAM WADING RIVER H.S.

MONDAY & WEDNESDAY

6:00pm-7:15pm: BEGINNER PRACTICE
7:15pm-8:30pm: ADVANCED PRACTICE

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

THE RAZOR WRESTLING CLUB RESERVES THE RIGHT TO MOVE WRESTLERS BETWEEN THE BEGINNER AND ADVANCED PRACTICES

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:

Ryan Patrovich- 3x National Finalist
Lou Ruggirello- 3x N.Y. State Champ
Sean Coffin- Suffolk County Champion
Matt Sganga- Div. 3 All-American
Tom Cuccinello- All-County

COST: \$195 + USA Card

FOR MORE INFORMATION:
INFO@RAZORWRESTLINGCLUB.COM
WWW.RAZORWRESTLINGCLUB.COM

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

YEAR-ROUND PAYMENT OPTIONS

YOUTH - \$500 for all 3 seasons
(Fall-Winter-Spring-savings of \$85.00)
J.V. & VARSITY - \$390 Fall & Spring

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 \_\_\_\_\_