

RAZOR WRESTLING CLUB

BEGINNER SESSION

NOVEMBER 30th, 2009-FEBRUARY 12th, 2010

6:30pm-7:30pm

GRADES 1st-8th

TUESDAY & THURSDAY
RAZOR COMMACK
152 VETERANS MEMORIAL HWY
COMMACK, NY 11725

MONDAY & FRIDAY
RAZOR PATCHOGUE
208-12 EAST MAIN STREET
PATCHOGUE, NY 11772

WRESTLING BUILDS...

- * A STRONG WORK ETHIC
- * SELF-CONFIDENCE
- * DISCIPLINE
- * SELF-MOTIVATION
- * DETERMINATION
- * TOUGHNESS
- * STRENGTH
- * AGILITY
- * PHYSICAL CONDITIONING
- * SPORTSMANSHIP

COST: \$175 + USA WRESTLING CARD

For insurance purposes, all wrestlers must have a USA Wrestling Card before the first day of practice. You can get your USA Wrestling Card at www.themat.com by clicking on the membership link and following the directions. If you need assistance or have any additional questions, contact us by email at info@razorwrestlingclub.com.

MAKE CHECKS PAYABLE TO RAZOR WRESTLING CLUB

SEND REGISTRATION, MEDICAL WAIVER & CHECK TO PO BOX 783 SHOREHAM, NY 11786

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 _____