

# THE RAZOR WRESTLING CLUB'S

"Sharpen Your Skills"

## ELITE TOURNAMENT TEAM

"Sharpen Your Skills"

MONDAY, NOVEMBER 23<sup>RD</sup> -FRIDAY, FEBRUARY 26<sup>TH</sup>

**RaZor Facility Commack**  
**MONDAY & WEDNESDAY**  
**6:30PM-8:00PM**

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

**SHOREHAM WADING RIVER H.S.**  
**TUESDAY & THURSDAY**  
**6:30PM-8:00PM**

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

**RaZor Facility Patchogue**  
**FRIDAY**  
**6:00pm-7:30pm**  
**LIVE WRESTLING SESSION**

**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 ELITE TOURNAMENT TEAM!

**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](mailto:INFO@RAZORWRESTLINGCLUB.COM)  
[WWW.RAZORWRESTLINGCLUB.COM](http://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 \_\_\_\_\_