

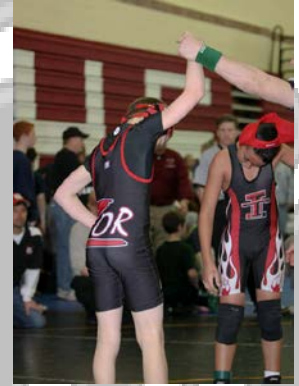
Starts: Tuesday
Nov 15th

RaZor Wrestling Club

Winter Wrestling 2016-17

Ends: Thursday
March 2nd

Ward Melville High School
Tuesday & Thursday
Grades 1st – 8th
6:30pm-8:00pm



"Sharpen Your Skills"

WRESTLING BUILDS...

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

RaZor Wrestling Club Coaching Staff and Clinicians:

<p>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</p>	<p>Matt Sganga Div. 3 All-American 4x All-County 2x Suffolk County Finalist 3x Greco NYS Champion 2x Freestyle NYS Champion Northeast Regional Greco Champion 4x League I Champion</p>	<p>Garrett Schnettler All-County Freestyle NYS Champion Varsity Head Coach</p> <p>Rafael Lievano All-County Former Head Coach at Hampton Bays</p> <p>Mike Sganga All-County</p>
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COST: \$195 + USA Card
Siblings 10% Discount

PLEASE PRE-REGISTER BY MAIL

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

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

Ward Melville residents receive a \$50 discount—Please join the Patriot Wrestling Booster Club www.wardmelvillewrestling.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 _____

RaZor Wrestling Club is a 501(c) (3) nonprofit organization