

ASCEND FALL CLINIC

ASCEND 2.0 // 32 E CARL STREET, HICKSVILLE 11801

OCTOBER 7 & 8, 2017



PREPARE FOR
FREAK SHOW
AND **SUPER 32**



FEATURING

PENN STATE ALL AMERICANS HUGHES TWINS

JOHN HUGHES

Associate Head Coach at Lehigh University
1995 D1 NCAA Champion for Penn State
3x D1 NCAA All-American for Penn State
1994 Pan Am Games Gold Medalist
1994 University Freestyle National Champion
4x PA State Champion



RUSS HUGHES

Head Assistant Coach At Bloomsburg University
Former Head Coach at Benton High School for 9 years
2010 Pennsylvania "AA" State Coach of the year/Team State Champions
2003 Pennsylvania Coaches Hall Of Fame inductee
1996 D1 NCAA All-American (3rd) for Penn State
1995 University Freestyle National Champion
1992 FILA Junior World Freestyle Champion
1991 USA Junior Greco-Roman National Champion
2x PA State Champion

SCHEDULE:

SATURDAY OCTOBER 7

Session 1: 10:00a - 11:30a
Lunch: 11:30a - 12:30p (Must provide your own lunch)
Session 2: 12:30p - 2:00p
Break: 2:00p - 2:30p
Session 3: 2:30p - 3:30p Power Hour

SUNDAY OCTOBER 8

Session 1: 9:00a - 10:30a
Break: 10:30a - 11:00a
Session 2: 11:00a - 12:00p Power Hour

COST: ONLY \$125

**MUST REGISTER BY 10/1 **
\$150 for walk-ins

Make checks payable to:
Ascend Wrestling
10 Michael Dr.
Old Bethpage, NY 11804



ASCEND FALL CLINIC

OCTOBER 7 & 8, 2017

ASCEND 2.0

32 E CARL ST HICKSVILLE 11801

CLINICIANS:

JOHN HUGHES

- Associate Head Coach at Lehigh University
- 1995 NCAA Champion & 3x AA for Penn State
- 1994 Pan Am Games Gold Medalist
- 1994 University Freestyle National Champion
- 4x PA State Champion

RUSS HUGHES

- Head Assistant Coach at Bloomsburg University
- 1996 NCAA AA (3rd) for Penn State
- 1995 University Freestyle National Champion
- 1991 USA Junior Greco-Roman National Champion
- 2x PA State Champion

**COST: ONLY \$125 ** must register by 10/1 **
\$150 for walk-ins.**

Make checks payable to:

**Ascend Wrestling
10 Michael Dr Old Bethpage, NY 11804**

SCHEDULE:

SATURDAY OCTOBER 7

Session 1: 10:00a – 11:30a
Lunch: 11:30a – 12:30p (Must provide your own lunch)
Session 2: 12:30p – 2:00p
Break: 2:00p – 2:30p
Session 3: 2:30p – 3:30p Power Hour

SUNDAY OCTOBER 8

Session 1: 9:00a – 10:30a
Break: 10:30a - 11:00a
Session 2: 11:00a - 12:00p Power Hour

Open to wrestlers of all ages and gender

NAME (print): _____

AGE: _____ WEIGHT: _____

GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

EMAIL ADDRESS: _____

PHONE #: _____

CELL PHONE # _____

USA WRESTLING CARD NUMBER: _____

SCHOOL NAME: _____

Parental Waiver and Consent:

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate in the Ascend Fall Clinic held at Ascend Wrestling Club. I certify that my child is in good physical health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation in camp may involve physical contact and there are certain risks of injury inherent in the practices and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child.

I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless the Ascend Wrestling Club, its officers, coaches, and representatives for any injury that may be suffered by my child in the normal course of participation and the activities incidental to it.

Parent/Guardian

Signature: _____

Date: _____