

Ascend Wrestling Club

32A E. Carl St
Hicksville, NY 11801
917-449-6098
www.ascendwrestling.com



Ascend Wrestling Club will be holding its **Spring High School (grades 7-12) registration** on **Sunday March 5, 2017**.

Registration will begin at 10:00a. Practice to follow at 11:00a.

Spring Practice Schedule:

Monday, Tuesday, Wednesday, Thursday 7:00p - 9:00p, Sunday 11:00a - 1:00p for All Members.

Pricing:

- ✦ **\$200/month**
- ✦ **\$500/3 months (16% off or ½ month free)**
- ✦ **\$900/6 months (25% off or 1 ½ months free)**
- ✦ **\$1700/12 months (30% off or 3 ½ months free)**

Team rate for 5 wrestlers or more: \$450/3 months per wrestler. Teams must register on the same day!

Wrestlers must have a valid USA Wrestling card.

STAFF:

CRAIG VITAGLIANO

Craig is a 3x Nassau County Champion, New York State Champion, University National Freestyle Champion, and a 4x Empire State Games Gold Medalist. He was a 4 year starter at Harvard University.

Craig has coached and worked with wrestlers at all levels including NCAA Champions, State Champions, and World Medalists. His ability to quickly hone in on a wrestler's strengths & weaknesses and break down moves to the smallest detail is what separates him from many other coaches.

In addition to his work with Ascend, Vitagliano – USA Wrestling’s Developmental Coach of the Year for the Northeast Region – serves an assistant coach at Port Washington High School and was a member of the New York State National Freestyle coaching staff for 4 years.

ASSISTANT COACH JAMIE DUNN

Jamie was a 2x All-County wrestler & a 4x County Qualifier for Mepham High School and has the 3rd most wins in Mepham history with 117. Jamie also serves as an assistant coach at Grand Avenue Middle School.



32A E. Carl St
Hicksville, NY 11801
917-449-6098
www.ascendwrestling.com

NAME (print): _____ AGE: _____ WEIGHT: _____

GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL PHONE #: _____

EMAIL: _____

EMERGENCY CONTACT: _____

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 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 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 club 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: