

B² Barn Brothers B²

MASSAPEQUA LOCATION SCHEDULE FALL 2017

MASSAPEQUA HIGH SCHOOL

4925 Merrick Rd, Massapequa, NY 11758

MS/High School- 6:00pm – 7:30pm

PRACTICE DATES

9/12, 9/14, 9/18, 9/19, 9/26, 9/28, 10/3, 10/5, 10/6, 10/10, 10/12, 10/17, 10/19, 10/20, 10/24, 10/26, 11/2

COACHES

Mike Patrovich: 2x NCAA Division 1 All-American

Ryan Patrovich: 3x High School National Finalist

Tom Bosch: Section XI Placewinner

Ron Serrano: Massapequa Head Coach, 5x Conference 1 Coach of the year



Prices

Non-Barn Brothers Members- \$220 for all sessions or \$20 per session
Current Barn Brothers Members- \$75 for all sessions or \$10 per session

****Make checks payable to: Friends of Massapequa Wrestling ****

REGISTRATION FORM:

Name: _____ High School: _____

Email: ***** _____ Age: _____ Weight: _____

Parent Name: _____ Parents Cell Phone #: ***() _____ ****

Emergency Contact Name & Phone #: _____ () _____

Allergies or Health concerns: _____

Contact: Mike Patrovich- 631-300-7677

Parent/ Guardian 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.

Date: ____/____/____

Parent or Guardian's Name: (print) _____

Parent or Guardian's Signature: _____