

Starts: Tuesday
Nov 13th

RaZor Wrestling Club

Winter Wrestling 2018-19

Ends: Thursday
Feb 28th

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:

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

Garrett Schnettler

All-County
 Freestyle NYS Champion
 Varsity Head Coach

Rafael Lievano

All-County
 Assistant Varsity Head Coach

Mike Sganga

All-County

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