



# Ken Chertow Wrestling Clinic at East Islip High School

Ken Chertow is a U.S. Olympian, 3x NCAA All-American and 3x Academic All-American at Penn State. He will share a variety of his favorite techniques, as well as discussing goal setting, nutrition, motivation and mindset.

## Camp Dates & Times:

**Monday, April 22<sup>nd</sup> - 5:00 PM - 9:00 PM**

**Tuesday, April 23<sup>rd</sup> - 8:00 AM - 12:00 PM**

**Location - East Islip High School Wrestling Room**

**Any Wrestlers going into 4<sup>th</sup> - 12<sup>th</sup> Grade**

**Cost- \$100**

**Bring a snack and water.**

**Contact Name: East Islip Varsity Wrestling Coach**

**Mike Longobardi - 516-375-1815**

To learn more about Coach Chertow and his Gold Medal Training Camp System visit [KenChertow.com](http://KenChertow.com) or email [CAMPS@KenChertow.com](mailto:CAMPS@KenChertow.com)

NAME \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ Email Address \_\_\_\_\_

**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.

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

