

**VOUGARS HONORS WRESTLING
FALL PRE-SEASON CLINIC IN
SUFFOLK COUNTY
GRADES 3-12
@ ISLIP GOLDS GYM FACILITY &
@ SACHEM EAST HIGH SCHOOL**

<https://www.Parisischoolislip.com>



**(10 WEEK PROGRAM) MON & WED @ GOLDS GYM
TUES & THUR @ SACHEM EAST HS SEPT 9 - NOV 12
7:30PM - 9:00PM (GRADES 3-12)**

FREE GOLD'S GYM MEMBERSHIP FOR THE 10 WEEK PROGRAM!

TRAIN 4X A WEEK AT BOTH LOCATIONS FOR ADDITIONAL \$100.

TRAIN WITH THE 2019 SUFFOLK COUNTY DUAL TEAM CHAMPIONS! SACHEM EAST ARROWS

ONE FREE SPEED STRENGTH TRIAL CLASS INCLUDED

WINTER IS COMING!

COACHES

Vougar Oroudjov
2x World Champion
Olympic Bronze
Nassau Community College
Wrestling Associate Head Coach

Carlos Restrepo
2x NCAA D3 All American
National Finalist
Collegiate State Champion

Nick Arujau
3x NYS Champion
D1 NCAA Qualifier
Cornell University

COST

\$250 for one location
\$350 for two locations

Check payable to: VHW
CASH at on-site registration

Pre-Registration
Fill out waiver on back side of flyer And mail check to 126 Rosemont Ave Farmingville NY 11738

***REGISTER ASAP TO SECURE YOUR SPOT!**

On-Site Registration

Gold's Gym Islip
SEPT 09, 11, 16
Mon/Wed 7-7:30pm
181 Freeman Ave Islip NY 11751

Sachem East HS
SEPT 10, 12, 17
Tue/Thur 7-7:30 pm

*Please ask about our one day a week training option if you have a schedule conflict with one or more of the nights.
(PRICE WILL BE PRO-RATE \$200)

CONTACT: Carlos Restrepo
Cell: (631)748-8616
Losadios125@gmail.com
@SuffolkVHWwrestling



VHW FEATURE VOUGAR
2X WORLD CHAMP!
WRESTLING OLYMPIC MEDALIST

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT

I Optional (RECOMMENDED) Secondary Insurance Information

Coverage for members of USA Wrestling (Go to: www.usawmembership.com to sign up for annual membership).

- \$50,000 maximum Accident Medical Expense benefit limit with following sub-limits:
 - Accidental Dental – \$50,000
 - Physical Therapy – \$50,000
 - Orthopedic Appliance – \$50,000

If you're not sure what level of membership you hold, please login to your account at www.usawmembership.com or call our membership department at (719) 598-8181

- **Claims must be filed with primary medical carrier first (if applicable)**
- **There is a \$500 out-of-pocket deductible per injury.**
 - **Payments made by insurance do not apply to your deductible**
 - Out-of-pocket payments that apply to your primary insurance deductible count toward secondary sports accident deductible
- Coinsurance rate is 80% / 20% on the first \$10,000 after the deductible. Thereafter, claims are paid at 100% up to the maximum benefit amount.
- Maximum out-of-pocket expense is \$2,500 per injury (\$500 deductible + \$2,000 coinsurance)

I HAVE READ AND UNDERSTOOD THE ABOVE INFORMATION ON RECOMMENDED SECONDARY INSURANCE. I ACKNOWLEDGE THAT I AM KNOWINGLY DECLINING COVERAGE AND AM THEREFORE, RESPONSIBLE FOR ANY MEDICAL EXPENSES (including co-pays) INCURRED DURING THE UNDERSIGNED'S PARTICIPATION IN THIS CLUB.

II MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

I ALSO UNDERSTAND AND AGREE THAT THE SACHEM CENTRAL SCHOOL DISTRICT, GOLDS GYM ISLIP, AND ITS FACILITIES/ADMINISTRATION/EMPLOYEES ARE NOT AFFILIATED WITH AND BEAR NO RESPONSIBILITY TO ANY COMMUNICATIONS AND/OR OCCURENCES STEMMING FROM OR RELATED TO ACTIVITIES CONDUCTED BY ANY INDEPENDENT ORGANIZATIONS.

PARTICIPANT NAME: _____

ADDRESS: (Street/City) _____ (Zip) _____

PARENT/GUARDIAN: _____ SIGNATURE _____

CONTACT INFO: (Phone) _____ (Email) _____

INSTAGRAM USERNAME: _____