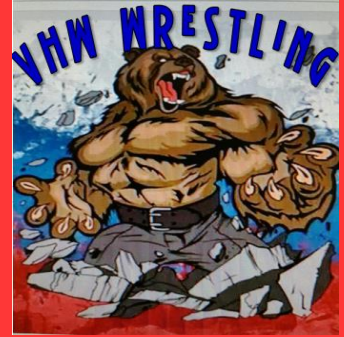


# VOUGAR'S HONORS WRESTLING SPRING CLINIC GRADES 6-12



**Now 3 Days A  
Week at one  
Location!!**

**WINTER IS  
COMING**



**10 WEEK PROGRAM MONDAY, TUESDAY AND  
WEDNESDAY (FEB 24TH – MAY 6TH<sup>TH</sup> 7:00 PM - 8:30)**

## COACHES

Vougar Oroudjov

2X World Champion

Olympic Bronze

Nassau Community College  
Wrestling Associate Head  
Coach

Carlos Restrepo

2X NCAA DIV 3 All-American

National Finalist

Collegiate State Champion

## COST

\$375 Check payable to VHW or  
Cash payment at on-site  
registration

### Pre – Registration

Fill out waiver on back side of  
flyer and mail check to 126  
Rosemont Ave Farmingville  
NY 11738

### On Site Registration

Monday February 24th  
through Monday March 16th  
at 6:45 PM @Sachem East HS

## COACHES

NICK ARUJAU

3X NYS CHAMPION,  
CORNELL WRESTLING

JAKOB RESTREPO

SACHEM EAST ASSISTANT  
VARSITY COACH

NYS CHAMPION, MARYLAND  
WRESTLING

*Please ask about one day a week  
training option if you have a  
schedule conflict with one of the  
nights. (price will be pro-rated  
\$250)*

## CONTACT INFO:

CARLOS RESTREPO [Losadios125@gmail.com](mailto:Losadios125@gmail.com)

CELL 631-748-8616

FOLLOW US ON INSTAGRAM  
[@SUFFOLKVHW](https://www.instagram.com/SUFFOLKVHW)



**VHW  
WRESTLING**

Featuring Vougar  
2x World Champ  
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](http://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](http://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)

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**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.**

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**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 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: (Cell Phone) \_\_\_\_\_ (Email) \_\_\_\_\_

INSTAGRAM USERNAME: \_\_\_\_\_