

Starts: MONDAY  
AUGUST 22ND

ENDS: FRIDAY  
OCTOBER 28TH

# SUFFOLK COUNTY WC

*Join the Nation...*

## ELITE

*The New Wrestling Nation!!!!*

REGISTRATION AUGUST 22<sup>nd</sup> 6:30PM  
SCWC COMMACK FACILITY

The existing club members include...  
20 COUNTY PLACEWINNERS  
8 COUNTY FINALISTS

REGISTRATION AUGUST 23<sup>rd</sup> 6:30PM  
BAYPORT HIGH SCHOOL

### SCWC Commack

**MONDAY & WEDNESDAY**

**7:30PM-9:00PM**

### SCWC Commack

**FRIDAY**

**6:00PM-7:30PM**

### Bayport High School

**TUESDAY & THURSDAY**

**7:30PM-9:00PM**

**JOIN THE NATION!!**

SCWC Commack

Address:

152 Veterans Memorial Hwy  
Commack, NY 11725

**COST: \$295**

**PRICE INCLUDES CUSTOM CLUB  
SINGLET & TEE-SHIRT**

BAYPORT HIGH SCHOOL Address:

200 Snedecor Avenue  
Bayport, NY 11705

### SUFFOLK COUNTY WRESTLING CLUB STAFF:

#### CLUB DIRECTORS:

MIKE PATROVICH & MIKE VETRANO

CLUB CALENDAR AND  
TOURNAMENT TRAVEL SCHEDULE  
GIVEN OUT AT REGISTRATION!

*We attend both National Dual and Individual  
Tournaments in every age group. We will  
attend a minimum of 6 National Events during  
the course of the year as a club.*

#### STAFF CLINICIANS:

**Joe Patrovich**- 24 Suffolk County Champs / 7 State Champions  
**Ryan Patrovich**- 4x H.S. National Finalist  
**Carlos Restrepo**- Div. 3 National Finalist  
**Joe Patrovich, Jr.**- H.S. National Finalist  
**Rob Cuffie**- 2x Div. 3 All-American  
**Lance Banfi**- NYS Champion  
**Chris Wade**- NYS Champion  
**Chris Iorio**- NYS Finalist

#### CLUB HEAD COACHES

JOE PATROVICH SR. & RYAN PATROVICH

**BECOME ONE OF  
631'S BEST!!!!**

*Got State Champs? National Champs and Finalists?  
Division 1 All-Americans? We do! Come learn from  
them and the coaches who got them there! Learn from  
coaches that have taken wrestlers from SCRATCH and  
built them into County, State and National Champions!*

**Visit us on the web at**

Coming soon .....

CHECK US OUT ON  
FACEBOOK  
SUFFOLK COUNTY WC

**FOR MORE INFO CONTACT:**

631-833-5799 OR 631-300-7677

[SUFFOLKCOUNTYWC@YAHOO.COM](mailto:SUFFOLKCOUNTYWC@YAHOO.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

Singlet 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 \_\_\_\_\_