

Starts: TUESDAY
AUGUST 23RD

ENDS: FRIDAY
OCTOBER 28TH

SUFFOLK COUNTY WC

INTERMEDIATE

*Exe New Wrestling
Nation!!!!*

Join the Nation...

REGISTRATION AUGUST 23rd 5:30PM
SCWC COMMACK FACILITY

REGISTRATION AUGUST 25th 5:30PM
BAYPORT HIGH SCHOOL

SCWC Commack

TUESDAY

6:00PM-7:30PM

SCWC Commack

FRIDAY

6:00PM-7:30PM

Bayport High School

THURSDAY

6:00PM-7:30PM

JOIN THE NATION!!

SCWC Commack Address:
152 Veterans Memorial Hwy
Commack, NY 11725

BAYPORT HIGH SCHOOL Address:
200 Snedecor Avenue
Bayport, NY 11705

COST: \$250

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

SUFFOLK COUNTY WRESTLING CLUB STAFF:

CLUB DIRECTORS:

MIKE PATROVICH & MIKE VETRANO

CLUB HEAD COACHES

JOE PATROVICH SR. & RYAN PATROVICH

CLUB CALENDAR AND INDIVIDUAL TOURNAMENT OPTIONS GIVEN OUT AT REGISTRATION!

*Get over 70 off-season matches as a Suffolk
County Wrestling Club Member and receive our
special Off-Season Ironman singlet!*

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

BECOME ONE OF 631'S BEST!!!!

*Got State Champs? National Champs and
Finalists? NCAA 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

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 _____