

THE RAZOR WRESTLING CLUB'S

"Sharpen Your Skills"

ELITE TOURNAMENT TEAM

"Sharpen Your Skills"

MONDAY, NOVEMBER 22ND - FRIDAY, FEBRUARY 25TH

RaZor Commack
MONDAY & WEDNESDAY
6:30PM-8:00PM

SHOREHAM WADING RIVER H.S.
TUESDAY & THURSDAY
6:30PM-8:00PM

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

RaZor Patchogue
FRIDAY
6:30pm-8:00pm
LIVE WRESTLING SESSION

RaZor Patchogue Address:
208-12 East Main St
Patchogue, NY 11772

THE RAZOR WRESTLING CLUB RESERVES THE RIGHT TO MOVE WRESTLERS BETWEEN THE YOUNG GUNS AND ELITE TOURNAMENT TEAM!

RaZor Wrestling Club Coaching Staff and Clinicians:

<p>Mike Patrovich 2x NCAA All-American 4x NCAA Qualifier 3x Conference Champion CAA Wrestler of the Year 3x Suffolk County Champion 2x New York State Finalist New York State Champion High School National Champion</p>	<p>Joe Patrovich Head Coach Islip High School Coach of the Year in Nassau & Suffolk 20 Suffolk County Champions 12 New York State Finalists 7 New York State Champions 9 High School All-Americans NWCA Regional Coach of the Year</p>	<p>Ted DiPasquale 2x Greco National Finalist Cadet Freestyle National Champion Former Assistant Coach at Hofstra University 2X Suffolk County Champion NYS Collegiate Champion and HS Runner-up</p>	<p>Other Possible Clinicians: Ryan Patrovich- 3x National Finalist Lou Ruggirello- 3x N.Y. State Champ Sean Coffin- Suffolk County Champion Matt Sganga- Div. 3 All-American Scott DeTore- Div. 3 National Champ</p>
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COST: \$225 + USA Card
 FOR MORE INFORMATION:
INFO@RAZORWRESTLINGCLUB.COM
WWW.RAZORWRESTLINGCLUB.COM

Mail To: RaZor Wrestling Club
P.O. Box 783
Shoreham, NY 11786

YEAR-ROUND PAYMENT OPTIONS
YOUTH - \$585 for all 3 seasons
(Fall-Winter-Spring-savings of \$90.00)
J.V. & VARSITY - \$400.00 Fall & Spring
Siblings 10% Discount

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 Winter Elite

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 _____