

PRE-SEASON WRESTLING

SEPTEMBER OCTOBER NOVEMBER

Kings Park High School

JOURNEY

W R E S T L I N G



**Former Olympians
College Clinicians
High School Coaches**



MONDAYS AND WEDNESDAYS, 7:30pm, Starting September 8th

- Practice includes personalized instruction, drilling session, demonstration of technique, and live wrestling.
- Primary clinicians: JACK MAGNANI, ANGELO ZEGARELLI, MIKE TORRIERO and THOMAS MAGNANI
(CALL FOR RESERVATIONS)
- Training sessions are for high school wrestlers who are serious about reaching their maximum potential.
- Advanced Jr. High wrestlers will be considered depending on past accomplishments.
- Call Jack Magnani if you have any questions. (631) 664-8968

\$240.00 Make checks payable to **KINGS PARK WRESTLING**

NAME _____ DOB _____ GRADE _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ EMERGENCY CONTACT _____ usa card# _____

E-MAIL ADDRESS _____

Medical Coverage/Provider _____

I understand that a risk of participation in any sport has the possibility of sustaining an injury. In consideration for acceptance of my child, as a camper, I for myself and for my child do hereby agree that I shall be responsible for all costs associated with an injury or loss that may be sustained by my child as a result of participation in this clinic. I understand that I am responsible for having health insurance that provides adequate coverage for injuries or illnesses my child may sustain while participating in camp. I hereby release and promise not to sue Kings Park Schools, All Star Wrestling, or their employees for any damages, injuries or death arising from my child's participation in this clinic. I hereby give permission for All Star Wrestling to obtain medical treatment for my child in the event of accident or illness during his/her presence at this clinic. I know of no mental or physical problems which affect my child's ability to safely participate. I give this clinic permission to use any photos of my child for camp publicity.
I, the parent or guardian, do hereby agree to the above waiver and release:

Parent/Guardian Signature: _____ Date: _____