

# RAZOR WRESTLING CLUB

## SUMMER WRESTLING CAMP

### AUGUST 3RD - 7TH

#### TYPICAL DAY

- 9:00am-9:45am: Run/Strength Session
- 10:00am-11:30am: Technique and Drill Session
- 11:30am-12:15am: LUNCH
- 12:30pm-2:00pm: Intense Drilling & Live Wrestling

#### LOCATION

SHOREHAM-WADING RIVER H.S.  
250B ROUTE 25A  
SHOREHAM, NY 11786

#### COST

\$195 + USA CARD (IF YOU DO NOT ALREADY HAVE ONE)

#### MAIL REGISTRATION, MEDICAL WAIVER & CHECK TO:

RAZOR WRESTLING CLUB  
P.O. BOX 783  
SHOREHAM, NY 11786

*"Sharpen Your Skills"*

CHAMPIONS TRAIN  
YEAR-ROUND!  
WHAT ARE YOU  
DOING?

#### WHAT YOU WILL NEED...

- \*TWO PAIRS OF SHORTS & TEE-SHIRTS
- \*WRESTLING SHOES
- \*LUNCH & LOTS OF FLUID (PIZZA, HEROES, GATORADE, WATER, ETC... WILL BE ON SALE)

FOR MORE INFORMATION:

[INFO@RAZORWRESTLINGCLUB.COM](mailto:INFO@RAZORWRESTLINGCLUB.COM)

OR TED: 516-449-0961

**TED DIPASQUALE**  
CADET FREESTYLE NATIONAL CHAMP  
2X SUFFOLK COUNTY CHAMP

**MIKE PATROVICH**  
2X NCAA ALL-AMERICAN  
HIGH SCHOOL NATIONAL CHAMP

**JOE PATROVICH**  
7 NEW YORK STATE CHAMPIONS  
9 HIGH SCHOOL ALL-AMERICANS

**RYAN PATROVICH**  
3X H.S. NATIONAL FINALIST  
2X NEW YORK STATE CHAMP

**CHRIS WADE**  
JUCO NATIONAL FINALIST

**CHARLES GRIFFIN**  
2X NCAA ALL-AMERICAN

**MATT SGANGA**  
NCAA DIV. 3 ALL-AMERICAN

**LOU RUGGIRELLO**  
3X NEW YORK STATE CHAMP

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

#### 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 \_\_\_\_\_