

# RAZOR WRESTLING CLUB

## SUMMER CAMP

### AUGUST 2<sup>ND</sup> - 5<sup>TH</sup>

#### TYPICAL DAY

9:00am-10:15am Technique and Drill Session  
10:30am-12:00pm: Intense Drilling & Live Wrestling  
12:15pm-1:00pm: LUNCH  
1:00pm-2:00pm: Run/Strength Session

CLINICIANS/COUNSELORS:

**CHRIS WADE**  
JUCO NATIONAL FINALIST

**STEVEN KEITH**  
3X NEW YORK STATE CHAMP

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

**CHRIS IORIO**  
U.S. OPEN GRECO ALL-AMERICAN

**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

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

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#### LOCATION

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

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

RAZOR WRESTLING CLUB  
PO BOX 783  
SHOREHAM, NY 11786

COST: \$200

(Make checks payable to  
"RAZOR WRESTLING CLUB")

FOR MORE INFORMATION:

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

OR MIKE: 631-566-8679

WHAT YOU WILL NEED...

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

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

USA CARD #: \_\_\_\_\_ APPROX. WEIGHT: \_\_\_\_\_ WRESTLING EXPERIENCE \_\_\_\_\_ yrs.

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