

Starts: Tuesday  
Sept 13th

# RaZor Wrestling Club

## Fall Wrestling

Ends: Tuesday  
Nov 15th



### Ward Melville High School

**Tuesday & Thursday**  
**All Wrestlers**  
**6:30pm-8:00pm**



*"Sharpen Your Skills"*

### RaZor Wrestling Club Coaching Staff and Clinicians:

<p><b>Ted DiPasquale</b> 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><b>Matt Sganga</b> Div. 3 All-American 4x All-County 2x Suffolk County Finalist 3x Greco NYS Champion 2x Freestyle NYS Champion Northeast Regional Greco Champion 4x League I Champion</p>	<p><b>Dean Zenie</b> Herricks HS Assistant Coach Herricks Jr HS Head Coach Wagner College Head Coach Wildcats Youth Wrestling Coach Port Washington Ass't Varsity Coach Section XI Kids Director Section XI Chairperson</p>
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**COST: \$225 + USA Card**  
**PLEASE PRE-REGISTER**  
**BY MAIL**

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

FOR MORE INFORMATION:  
[INFO@RAZORWRESTLINGCLUB.COM](mailto:INFO@RAZORWRESTLINGCLUB.COM)  
[WWW.RAZORWRESTLINGCLUB.COM](http://WWW.RAZORWRESTLINGCLUB.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

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