



**ASCEND WRESTLING
SPRING CLINIC**

SATURDAY JUNE 16, 2018

ASCEND 2.0
32 E CARL ST HICKSVILLE 11801

HEAD CLINICIAN:

CRAIG VITAGLIANO

- Head Coach Ascend Wrestling Club, Assistant Coach Port Washington HS
- Multiple High School/Fargo All-Americans
- Multiple NYS Place Finishers
- Multiple Individual Nassau/Suffolk/CHSAA Champions
- USAW Northeast Regional Developmental Coach of the Year

COUNSELOR:

MIKE D'ANGELO, *Princeton University*

- Captain, Princeton Wrestling Team
- 2018 EIWA Runner-up 157 lbs
- 2x D1 NCAA Qualifier 157 lbs
- Ranked #14 in 2018 D1 NCAA Coaches' Panel
- 3x NYS Place Winner
- NHSCA National Champ (VA Beach)
- Super 32 Runner-up
- Nation's leader in tech-falls Senior year in HS

COST: \$40

Make checks payable to: **ASCEND WRESTLING**

SCHEDULE:

- **Session 1: 10a-12p Technique & Drill**
- **Lunch: 12p-1p Please provide own lunch**
- **Session 2: 1p-3p Drill & Live Wrestling**

NAME (print): _____

AGE: _____ WEIGHT: _____

GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

EMAIL ADDRESS: _____

PHONE #: _____

CELL PHONE # _____

USA WRESTLING CARD NUMBER: _____

SCHOOL NAME: _____

Parental Waiver and Consent:

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate in the Ascend Wrestling Spring Clinic held at Ascend Wrestling Club. I certify that my child is in good physical health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation in camp may involve physical contact and there are certain risks of injury inherent in the practices and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child.

I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless the Ascend Wrestling Club, its officers, coaches, and representatives for any injury that may be suffered by my child in the normal course of participation and the activities incidental to it.

Parent/Guardian
Signature: _____

Date: _____