

Starts: Tuesday
Sep 10th

Razor Wrestling Club

2019 Fall Wrestling

Ends: Thursday
Nov 14th

Youth Beginners and
Intermediate (grades 1-6)

Port Jefferson High School

High School and
Youth Advanced

6:00pm – 7:00pm

Tuesday & Thursday

Located Below the Tech Ed Bldg behind Main HS

7:00pm – 8:30pm

"Sharpen Your Skills"

WRESTLING BUILDS...

- * STRENGTH * PHYSICAL CONDITIONING * DISCIPLINE
- * SELF-CONFIDENCE * SPORTSMANSHIP * DETERMINATION



Razor Wrestling Club Coaching Staff and Clinicians:

Ted DiPasquale

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

Mike Sganga

All-County

Mike Maletta

Pt Jefferson Head Varsity Wrestling Coach

James Sinclair

LIU Post Wrestler
 Pt. Jefferson Assistant Wrestling Coach

Razor reserves the right to combine groups or modify practice times based on enrollment.

COST: \$195 + USA Card
Siblings 10% Discount

PLEASE PRE-REGISTER BY MAIL

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

FOR MORE INFORMATION:
theo722@optonline.net

Visit Razor Wrestling Club on Facebook

Port Jefferson Residents receive a \$45 discount

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 _____

Razor Wrestling Club is a 501(c) (3) nonprofit organization