

Starts: Monday  
Oct 3<sup>rd</sup>

**Free Wrestling Clinic Presented by  
the Town of Babylon in Conjunction with  
the RaZor Wrestling Club**

Ends: Wednesday  
Nov 9<sup>th</sup>

Youth Beginners and  
Intermediate (grades K-7)

6:00pm – 7:00pm

North Babylon High School  
1 Phelps Lane

North Babylon, NY 11703  
Mondays & Wednesdays

Youth Advanced  
And High School

7:00pm – 8:30pm



*"Sharpen Your Skills"*

**WRESTLING BENEFITS...**

- \* MENTAL TOUGHNESS    \* PHYSICAL STRENGTH
- \* SENSE OF ACCOMPLISHMENT    \* INCREASED SELF-ESTEEM
- \* DISCIPLINE    \* DETERMINATION



**RaZor Wrestling Club Coaching Staff and Clinicians:**

<p><b>Ted DiPasquale</b> Director of North Shore RaZor NY-USA Wrestling Kids Director</p>	<p><b>Liston Brown</b> NYS HS Champion Veterans FS All American</p>	<p><b>Louis Pescatore</b> 2X All-County</p>	<p><b>Vinny Innes</b> 3X All-County Jr. Greco All-American North Babylon HS Head Coach</p>
<p><b>Tim Pescatore</b> Section 11 Champion 2X All-County NY-USA Wrestling Coach</p>	<p><b>Joe Chetti</b> Section 11 Champion NYS HS 3<sup>rd</sup> Place Open Greco All-American</p>	<p><b>Paul Turano</b> All-County Kings Park HS Head Coach</p>	<p><b>Al Hodge</b> 2X All-League Empire State Games Team Member</p>

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

<p><b>COST: FREE</b> USA Wrestling Card: <b>MANDATORY</b> (Will be provided at Clinic)</p>	<p><b>Mail To: RaZor Wrestling Club</b> <b>P.O. Box 783</b> <b>Shoreham, NY 11786</b></p>	<p><b>FOR MORE INFORMATION:</b> <a href="mailto:theo722@optonline.net">theo722@optonline.net</a>  (516) 449-0961</p>
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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 \_\_\_\_\_

\*North Shore RaZor Wrestling Club is a 501(c) (3) nonprofit organization\*