

Starts: Tuesday
Oct 4th

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

Ends: Thursday
Nov 10th

All Ages
6:00pm – 7:30pm

North Babylon High School
1 Phelps Lane
North Babylon, NY 11703

**Tuesday &
Thursday**



"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>Ted DiPasquale Director of North Shore RaZor NY-USA Wrestling Kids Director</p> <p>Tim Pescatore Section 11 Champion 2X All-County NY-USA Wrestling Coach</p>	<p>Liston Brown NYS HS Champion Veterans FS All American</p> <p>Joe Chetti Section 11 Champion NYS HS 3rd Place Open Greco All-American</p>	<p>Louis Pescatore 2X All-County</p> <p>Paul Turano All-County Kings Park HS Head Coach</p>	<p>Vinny Innes 3X All-County Jr. Greco All-American North Babylon HS Head Coach</p> <p>Al Hodge 2X All-League Empire State Games Team Member</p>
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RaZor reserves the right to combine groups or modify practice times based on enrollment.

COST: FREE
USA Wrestling Card:
MANDATORY (Will be
provided at Clinic)

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

FOR MORE INFORMATION:
theo722@optonline.net
(516) 449-0961

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