

# RAZOR WRESTLING CLUB

## FALL BEGINNER WRESTLING

### SEPTEMBER 13th-NOVEMBER 12th

#### 5:30pm-6:30pm

**MONDAY & WEDNESDAY**  
**RAZOR COMMACK**  
 152 VETERANS MEMORIAL HWY  
 COMMACK, NY 11725

**GRADES 1st-8th**

**TUESDAY & THURSDAY**  
**SHOREHAM WADING RIVER H.S.**  
 250 New York 25A  
 Shoreham, NY 11786-2190

### WRESTLING BUILDS...

- \* A STRONG WORK ETHIC
- \* SELF-CONFIDENCE
- \* DISCIPLINE
- \* SELF-MOTIVATION
- \* DETERMINATION
- \* TOUGHNESS
- \* STRENGTH
- \* AGILITY
- \* PHYSICAL CONDITIONING
- \* SPORTSMANSHIP

**COST: \$175 + USA WRESTLING CARD**

*For insurance purposes, all wrestlers must have a USA Wrestling Card before the first day of practice. You can get your USA Wrestling Card at [www.themat.com](http://www.themat.com) by clicking on the membership link and following the directions. If you need assistance or have any additional questions, contact us by email at [info@razorwrestlingclub.com](mailto:info@razorwrestlingclub.com).*

**MAKE CHECKS PAYABLE TO RAZOR WRESTLING CLUB**  
**SEND REGISTRATION, MEDICAL WAIVER & CHECK TO PO BOX 783 SHOREHAM, NY 11786**

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 \_\_\_\_\_