

Starts: Monday
Sept. 13th

Razor Wrestling Club

Fall Wrestling Practice Schedule

Ends: Friday
Nov. 12th



Amazing Awaits
It awaits when you work hard enough
Want it badly enough
And refuse to say "We've had enough."

Razor Facility Commack

MONDAY & WEDNESDAY

LIGHTWEIGHTS (115lbs or Less)-

6:30PM-7:45PM.

MIDDLE/HEAVYWEIGHTS- (116lbs+)

7:45PM-9:00PM.

Shoreham-Wading River H.S.

TUESDAY & THURSDAY

LIGHTWEIGHTS (115 or Less)

6:30PM-7:45PM.

MIDDLE/HEAVYWEIGHTS (116+)

7:45PM-9:00PM.

**Razor Commack Address:
152 Veterans Memorial Hwy
Commack, NY 11725**

**Shoreham-Wading River Address:
250 New York 25A
Shoreham, NY 11786-2190**

Razor Wrestling Club Coaching Staff and Clinicians

Mike Patrovich

2x NCAA All-American
4x NCAA Qualifier
3x Conference Champion
CAA Wrestler of the Year
3x Suffolk County Champion
2x New York State Finalist
New York State Champion
High School National Champion

Joe Patrovich

Head Coach Islip High School
Coach of the Year in Nassau & Suffolk
20 Suffolk County Champions
13 New York State Finalists
7 New York State Champions
9 High School All-Americans
NWCA Regional Coach of the Year

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

Other Possible Clinicians:

Ryan Patrovich- 3x H.S. National Finalist
Nick Garone- Div. 1 All-American
Matt Sganga- Div. 3 All-American
Chris Iorio- State Runner-up
Joe Patrovich, Jr.- H.S. National Finalist
Rob Cuffie- 2x Div. 3 All-American
Lou Ruggeriello- H.S. National champion

COST: \$225 + USA Card
PLEASE PRE-REGISTER
BY MAIL

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

FOR MORE INFORMATION:
INFO@RAZORWRESTLINGCLUB.COM
WWW.RAZORWRESTLINGCLUB.COM

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 _____